

**Fill in this information to identify the case:**Debtor name Institute of Cardiovascular Excellence, PLLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 3:16-bk-01491☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 11, 2016**X /s/ Asad Qamar**

Signature of individual signing on behalf of debtor

**Asad Qamar**

Printed name

**Manager**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Institute of Cardiovascular Excellence, PLLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 3:16-bk-01491☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>6,978,286.00</u>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>6,978,286.00</u>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>4,343,345.29</u>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>315,778.34</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>9,296,070.68</u>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>13,955,194.31</u>

**Fill in this information to identify the case:**Debtor name **Institute of Cardiovascular Excellence, PLLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **3:16-bk-01491**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Community Bank and Trust****Checking****3069****\$52,276.00**3.2. **Fifth Third Bank****Checking****9428****\$6,498.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$58,774.00****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**City of Ocala****Water Utility deposit for**7.1. **main office location****\$3,515.00**

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7.2. **Duke Energy**  
**Utility deposit for Sumerfield office location** **\$2,710.00**

7.3. **City of Williston**  
**Utility deposit for Williston location** **\$502.00**

7.4. **SECO**  
**deposit main office** **\$15,888.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**

**\$22,615.00**

Add lines 7 through 8. Copy the total to line 81.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 7,068,706.00 - 1,111,637.00 = .... **\$5,957,069.00**  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

**\$5,957,069.00**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.

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	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture Fixtures & Equipment	\$45,829.00	Tax records	\$45,829.00
40.	Office fixtures Signs	\$5,270.00	Tax records	Unknown
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer Equipment	\$108,062.00	Tax records	\$108,062.00
	Computer Software	\$30,553.00	Tax records	\$30,553.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$184,444.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2014 Toyota Sienna Van VIN #5TDKK3DCXES446198	\$15,525.00	Comparable sale	\$15,525.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

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NameCase number (If known) 3:16-bk-01491**Medical Equipment****\$611,218.00****Tax records****\$611,218.00**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$626,743.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property****Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**55.1. **Lease of office location****4930 SW 49th Road  
Ocala, FL 34474****LEASE****\$0.00****\$0.00**55.2. **Lease of office location****10435 SE 170th Place  
Summerfield, FL  
34491****LEASE****\$0.00****\$0.00**55.3. **Lease of office location****412 Noble Avenue  
Williston, FL 32696****\$0.00****\$0.00**56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No

Debtor Institute of Cardiovascular Excellence, PLLC  
NameCase number (If known) 3:16-bk-01491☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites Domain name & Logo puticeonit.com	\$0.00		\$0.00

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.

				Current value of debtor's interest
71. Notes receivable Description (include name of obligor)				
Julio Ungarte, MD	95,787.00	-	0.00	\$95,787.00
	Total face amount		doubtful or uncollectible amount	
Employee cash advances	22,526.00	-	0.00	\$22,526.00
	Total face amount		doubtful or uncollectible amount	

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72. **Tax refunds and unused net operating losses (NOLs)**  
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

**Leasehold Improvements**

**\$10,328.00**

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$128,641.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes



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In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$58,774.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$22,615.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$5,957,069.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$184,444.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$626,743.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$128,641.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$6,978,286.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$6,978,286.00</u>

## Institute of Cardiovascular Excellence PLLC

Case No.: 3:16-bk-01491-JAF

## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	Computer	08/05/09	5,705	5,705	0
Computer	LAPTOP	09/23/09	975	975	0
Computer	DESKTOP PC	10/02/09	771	771	0
Computer	PRINTER NURSES STATION	10/06/09	160	160	0
Computer	3 COM BASELINE SWITCH	10/15/09	904	904	0
Computer	2 COMPUTERS	10/16/09	1,138	1,138	0
Computer	5 MONITORS 6 BACKUPS	10/16/09	926	926	0
Computer	ROUTER	10/22/09	537	537	0
Computer	5 COMPUTERS	10/26/09	3,606	3,606	0
Computer	DESKTOP PC	10/28/09	699	699	0
Computer	DESKTOP PC	10/28/09	877	877	0
Computer	APPLE PC	10/28/09	1,345	1,345	0
Computer	3 MONITORS	11/16/09	967	967	0
Computer	1 PC I UPS DENA	06/09/10	847	847	0
Computer	Printer 2035N	08/17/10	360	360	0
Computer	5 THIN CLIENTS	09/20/10	1,432	1,432	0
Computer	HP ELITEBOOK 8440p	09/20/10	1,173	1,173	0
Computer	2 HP COMPAQ 1 PRINTER	09/21/10	1,611	1,611	0
Computer	2 FUJITSU LIFEBOOKS 2 LC	09/21/10	3,898	3,898	0
Computer	CISCO WIRELESS	09/21/10	462	462	0
Computer	2 CDS 2 BACK UPS	09/21/10	355	355	0
Computer	Phones	10/01/10	450	450	0
Computer	COMPUTER EQUIP	11/01/10	1,021	1,021	0
Computer	LPITOMY PHON SYS	11/01/10	3,252	3,252	0
Computer	SCANNERS	11/01/10	1,956	1,956	0
Computer	SoftChoice Computer Equipment	03/01/11	6,152	6,152	0
Computer	ProCurve Desktop Switch	03/30/11	890	890	0
Computer	Dell Optiplex Mini-tower	04/01/11	503	503	0

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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	Computer	04/06/11	568	568	0
Computer	Computer	04/06/11	355	355	0
Computer	WYSE C10LE thin client	04/28/11	342	342	0
Computer	Card & ID Scanner	04/29/11	317	317	0
Computer	HP Pro Book	04/29/11	1,079	1,079	0
Computer	Dell ARB Bus	05/06/11	503	503	0
Computer	WYSE C10LC thin client dts	09/23/11	310	310	0
Computer	Dell Computer	12/15/11	520	520	0
Computer	Dell Computer	12/15/11	520	520	0
Computer	DELL OPTIPLEX DT	01/19/12	537	492	45
Computer	DELL OPTIPLEX COMPUTER	01/19/12	537	492	45
Computer	BLOOD LAB SOFTWARE	02/08/12	12,265	12,265	0
Computer	HP COMPAQ 6005 COMPUTE	02/16/12	619	566	53
Computer	2 NETGEAR PROSAFE GS74	02/16/12	1,860	1,700	160
Computer	APC SMART UPS 1500 RACK	02/16/12	744	679	65
Computer	CISCO 891 ETHERNET ROUT	02/16/12	831	760	71
Computer	TRIPP LITE SMART RACK	02/16/12	907	829	78
Computer	ACER MONITOR	02/16/12	151	138	13
Computer	WINDOWS SERVER	02/24/12	743	679	64
Computer	SQL SERVER	02/24/12	927	847	80
Computer	2 HARD DRIVES	02/24/12	578	527	51
Computer	MOUNTABLE SERVER RACK	02/24/12	1,594	1,456	138
Computer	LAPTOP	02/24/12	1,446	1,219	227
Computer	EMD SOFTWARE LICENCES	02/28/12	29,615	29,615	0
Computer	MFC 8480DN	03/07/12	401	366	35
Computer	11 ipitomy 320 monitors	03/13/12	2,589	2,366	223
Computer	4 hp compaq elite computers	03/13/12	3,995	3,651	344
Computer	2 BROTHER 8480 PRINTERS	03/13/12	851	778	73
Computer	2 HP COMPAQ 6005 COMPU'	03/13/12	1,312	1,199	113

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Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	4 HP PROBOOKS	03/13/12	3,230	2,951	279
Computer	8 ACER MONITORS	03/13/12	1,277	1,168	109
Computer	HP LASER JET PRINTER P2C	03/13/12	307	281	26
Computer	3 WIRELESS ACCESS POINT	03/13/12	1,621	1,481	140
Computer	2 CANNON IMAGE SCANNEF	03/13/12	1,005	919	86
Computer	11 THINCLIENT COMPUTER:	03/13/12	4,026	3,678	348
Computer	NAS 2100 RACK	04/10/12	2,480	2,266	214
Computer	2 NET GEAR SWITCHES	04/10/12	1,972	1,802	170
Computer	EMD SOFTWARE LICENSE	04/11/12	4,654	4,654	0
Computer	2 FUJITSU LIFEBOOKS T901	04/13/12	3,995	3,651	344
Computer	2 HP COMPAQ 6200 COMPU' 4/13/20	04/13/12	1,354	1,237	117
Computer	IPITOMY IP 320	05/08/12	235	217	18
Computer	IPITOMY IP320 BASIC LCD	05/08/12	235	217	18
Computer	C1OLE THIN CLIENT COMPU	05/08/12	352	321	31
Computer	3 IPITOMY IP320 LCD	05/08/12	706	646	60
Computer	JETDIRECT EW2500 PRINT :	06/18/12	301	275	26
Computer	CISCO AIRONET WIRELESS	06/21/12	552	504	48
Computer	3 HP COMPUTERS	06/21/12	2,035	1,860	175
Computer	MICROSOFT SOFTWARE	06/21/12	191	191	0
Computer	BLOOD LAB SOFTWARE	06/28/12	449	449	0
Computer	C1OLE COMPUTER	07/18/12	354	323	31
Computer	C1OLE THIN CLIENT COMPU	07/18/12	707	647	60
Computer	DL SERVER	08/06/12	333,325	304,527	28,798
Computer	PROLIANT D1380 G7	08/28/12	2,990	2,731	259
Computer	WINDOWS SERVER	08/28/12	2,458	2,246	212
Computer	LANTRONIX SPIDER REMOT	08/28/12	224	205	19
Computer	CISCO 891 SECURITY ROUT	08/28/12	892	815	77
Computer	BELKIN OMNIVIEW SWITCH	08/28/12	726	664	62
Computer	2 XENSERVR PRO VIRTUAI	08/28/12	2,396	2,189	207

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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	2 NETGEAR NAS4200	08/28/12	21,893	20,002	1,891
Computer	2 DL360 PROCESSOR	08/28/12	1,689	1,543	146
Computer	2 HP PROLIANT DL360	08/28/12	6,319	5,774	545
Computer	3 WINDOWS SERVER	08/28/12	2,270	2,074	196
Computer	3 SERVER POWER SUPPLIE	08/28/12	685	627	58
Computer	4 SQL SERVER ENTERPRISE	08/28/12	57,688	52,704	4,984
Computer	14 HARD DRIVES	08/28/12	9,477	8,659	818
Computer	DL380 PROCESSOR	08/28/12	597	546	51
Computer	WIRELESS ACCESS POINT F	09/13/12	695	636	59
Computer	APC SMART UPS 1500	09/13/12	814	743	71
Computer	68 MICROSOFT OFFICE LICE	10/18/12	11,689	11,689	0
Computer	3 THIN CLIENTS C1OLE	10/18/12	356	326	30
Computer	3 THIN CLIENTS C1OLE	10/18/12	1,089	996	93
Computer	MASTER 8 DONGLE SOFTWd	10/30/12	7,764	7,763	1
Computer	SOFTWARE LICENCE	11/12/12	7,995	7,994	1
Computer	BLOOD LAB SOFTWARE	01/01/13	3,000	3,000	0
Computer	HP BUSINESS DESKTOP PR,	01/01/13	1,384	1,184	200
Computer	NETGEAR PROSAFE GS748'	01/01/13	766	657	109
Computer	EXTREME NETWORKS SUMI	01/29/13	3,607	3,088	519
Computer	ETHERNET SECURITY ROUT	01/29/13	453	387	66
Computer	IP 1200 VOICE OVER PHONE	03/28/13	1,988	1,702	286
Computer	WYSE C1OLE THIN CLIENT	03/31/13	371	318	53
Computer	4 THIN CLIENT C1OLE	04/02/13	1,396	1,195	201
Computer	4 RDX HARD DISKS	04/02/13	869	744	125
Computer	2 HP SCANJETS ENTERPRIS	05/01/13	1,673	1,433	240
Computer	2 CISCO AIRONET WIRELES	05/01/13	1,121	960	161
Computer	EXTREME NETWORK SUMM	05/01/13	3,601	3,083	518
Computer	10 IPITOMY HP PHONES	05/07/13	1,959	1,677	282
Computer	HP COMPAQ 6300PRO	05/28/13	731	626	105

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Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	2 C1OLE THIN CLIENTS	05/28/13	712	609	103
Computer	EXTREME SUMMIT NETWOF	05/28/13	2,275	1,948	327
Computer	CISCO AIRONET 1142	05/28/13	706	605	101
Computer	10 HARD DISK CARTRIDGES	05/30/13	2,174	1,861	313
Computer	EXTREME NETWORKS SUMI	06/13/13	2,935	2,514	421
Computer	EXTREME NETWORKS SUMI	06/13/13	3,601	3,083	518
Computer	HP COMPAQ 6300PRO	06/13/13	803	687	116
Computer	CISCO AIRONET WIRELESS	06/13/13	561	481	80
Computer	2 THIN CLIENTS C1OLE	06/13/13	698	598	100
Computer	DIALOGIC DIVA UM ANALOG	06/13/13	1,902	1,628	274
Computer	EXTREME NETWORKS SUMI	06/13/13	3,916	3,353	563
Computer	GIGABIT SMART SWITCH	07/12/13	567	486	81
Computer	WIRELESS ACCESS POINT	07/12/13	567	486	81
Computer	10 HARD DISC CARTRIDGES	07/23/13	2,174	1,861	313
Computer	2 GATEWAY MONITORS	09/04/13	100	86	14
Computer	14 DELL VOSTRO COMPUTE	09/04/13	2,100	1,798	302
Computer	GATEWAY COMPUTER SER'	09/04/13	600	514	86
Computer	DELL COMPUTER	09/04/13	250	214	36
Computer	DELL COMPUTER	09/04/13	250	214	36
Computer	19 DELL MONITORS	09/04/13	2,000	1,712	288
Computer	HP COMPAQ PR06300	09/11/13	2,222	1,902	320
Computer	2 IP410-P SIP PHONES	09/11/13	401	343	58
Computer	3 IP410-P SIP PHONES	09/11/13	601	515	86
Computer	2 IP410-P SIP PHONES	09/11/13	401	343	58
Computer	2 ACER MONITORS	09/11/13	239	205	34
Computer	4 ACER MONITORS	09/11/13	477	409	68
Computer	FUJITSU LIFEBOOKT902	11/06/13	1,920	1,643	277
Computer	HARD DRIVE BACKUP	11/06/13	212	181	31
Computer	AQUARIUS INTUITION PACK	11/27/13	11,766	10,073	1,693

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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	2 CISCO AIRONET 1141-WIR	01/13/14	1,134	861	273
Computer	EXTREME NETWKS SUMMIT	01/13/14	2,929	2,227	702
Computer	7 ACER MONITORS	01/13/14	852	647	205
Computer	8 IPITOMY VOIP PHONES	01/13/14	1,600	1,216	384
Computer	DOCKPORT 667	01/13/14	138	105	33
Computer	2 CISCO POWER INJECTOR	01/13/14	210	160	50
Computer	2 IPITOMY VOIP PHONES	01/13/14	400	304	96
Computer	EIZO RADIFORCE 19102D	01/17/14	9,699	7,372	2,327
Computer	WYSE C1OLE THIN CLIENT	01/22/14	361	275	86
Computer	HP PRODESK 600 G1	01/22/14	865	658	207
Computer	AMBIR DOCKETPORT 667	02/14/14	182	138	44
Computer	HP PRODESK 60001 W/MICF	02/21/14	1,097	835	262
Computer	30 HP COMPAQ 6305 PRO	04/14/14	20,342	15,460	4,882
Computer	HP PROBOOK 645	04/14/14	843	641	202
Computer	HP COMPAQ 6305 PRO	04/14/14	678	515	163
Computer	HP COMPAQ 6305 PRO	04/14/14	678	515	163
Computer	21 DELL WYSE C101 LE THIN	04/14/14	7,421	5,640	1,781
Computer	EXTREME SUMMIT NETWOF	05/04/14	3,440	2,614	826
Computer	1 DELL WYSE C1OLE THIN C	06/13/14	349	266	83
Computer	4 DELL WYSE C1OLE THIN C	06/13/14	1,395	1,061	334
Computer	LED MONITOR	06/13/14	120	91	29
Computer	1 DELL WYSE C1OLE THINCL	06/13/14	349	266	83
Computer	1 LED 19" MONITOR	06/13/14	120	91	29
Computer	LAPTOP-GILBERT	06/23/14	2,151	1,635	516
Computer	HP COMPAQ 6305 PRO & MC	07/03/14	998	759	239
Computer	5 IPITOMY VOIP PHONE	07/17/14	1,000	760	240
Computer	1 IPITOMY VOIP PHONE	07/17/14	200	152	48
Computer	1 IPITOMY VOIP PHONE	07/17/14	200	152	48
Computer	HP COMPAQ 6305 PRO	08/04/14	860	654	206

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Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	HP COMPAQ 6305 PRO	08/04/14	860	654	206
Computer	INTEL XEON PROCESSOR	08/19/14	957	728	229
Computer	ISAN 1116	08/19/14	9,270	7,045	2,225
Computer	HP REDUNDANT POWER SU	08/19/14	206	157	49
Computer	HP PROLIANT DL360 G7 SEF	08/19/14	3,083	2,343	740
Computer	4 HP HARD DRIVES	08/19/14	2,342	1,780	562
Computer	18 AXIOM AX MEMORY	08/19/14	1,190	904	286
Computer	EXTREME NETWORKS SUMI	08/19/14	2,451	1,863	588
Computer	CISCO 1921 Ti BUNDLE	08/19/14	1,322	1,005	317
Computer	CISCO AIRONET POWER IN,	08/19/14	73	56	17
Computer	CISCO AIRONET WIRELS AC	08/19/14	462	351	111
Computer	4 COMPAQ PRO 6305	08/19/14	2,754	2,093	661
Computer	21 DELL WYSE C1OLE THINC	08/19/14	7,302	5,549	1,753
Computer	ISAN 1224	08/19/14	17,480	13,285	4,195
Computer	2 XENSERVICES 6.2	08/19/14	2,385	1,814	571
Computer	CANNON IMAGE SCANNER	08/19/14	609	463	146
Computer	ALLWORZ 48X CONF BRIDGI	08/19/14	4,783	3,635	1,148
Computer	CANNON IMAGE SCANNER	08/19/14	609	463	146
Computer	20 92121 IP PHONE	08/19/14	4,834	3,673	1,161
Computer	HP HARD DISK DRIVE	08/19/14	87	67	20
Computer	6 HP COMPAQ 6305 MICRO	09/22/14	3,738	2,841	897
Computer	5 DELL WYSE C1OLE THINC[	09/22/14	1,555	1,183	372
Computer	2 AMBIR DOCKETPORT 667	09/22/14	294	223	71
Computer	ACER 22" MONITOR	09/22/14	149	114	35
Computer	ACER LED MONITOR 22"	09/22/14	217	166	51
Computer	FUJITSU LIFEBOOKT902	10/22/14	1,774	1,348	426
Computer	HP PROBOOK LAPTOP	10/22/14	918	698	220
Computer	5 DELL WYSE C1OLE THINC[	10/23/14	189	144	45
Computer	6 HP COMPAQ PRO MICRO 1	10/23/14	454	345	109



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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Computer	2 AMBIR DOCKETPORT 667	10/23/14	36	28	8
Computer	FIJITSU LIFEBOOK T902	10/23/14	215	164	51
Computer	ACER LED 22" MONITOR	10/23/14	25	20	5
Computer	7 IP PHONES	10/31/14	1,632	1,133	499
Computer	FUJITSU LIFEBOOK T902	11/11/14	1,534	1,165	369
Computer	2 EATON SURGE PROTECT	11/13/14	81,357	61,832	19,525
Computer	4 LED 19" MONITORS	11/18/14	473	360	113
Computer	19" MONITOR	11/18/14	118	90	28
Computer	19" MONITOR	11/18/14	118	90	28
Computer	19" MONITOR	11/18/14	118	90	28
Computer	7 ALLWORX IP PHONES	12/03/14	1,669	1,269	400
Computer	CISCO ROUTER	12/03/14	768	584	184
Computer	EXTREME NETWORKS SUMI	12/03/14	3,158	2,400	758
Computer	ALLWORX 48X WITH PRI	12/03/14	4,255	3,235	1,020
Computer	2 YEALINK GIGABIT COLOR	12/30/14	338	257	81
Computer	EXTREME NETWORKS SUMI	12/30/14	1,362	1,035	327
Computer	2 ACER MONITORS 19"	06/05/15	257	155	102
Computer	HARDRIVE 1T CARTRIDGE	08/10/15	599	360	239
<b>Computer Total</b>			<b>917,096</b>	<b>809,034</b>	<b>108,062</b>
Furniture, Fixtures & Equipment	SUPPLY CABINET	08/05/09	250	250	0
Furniture, Fixtures & Equipment	DESK	08/12/09	651	651	0
Furniture, Fixtures & Equipment	PHONES	08/14/09	438	438	0
Furniture, Fixtures & Equipment	COPIER	08/31/09	180	180	0
Furniture, Fixtures & Equipment	BOOKCASE	09/01/09	205	205	0
Furniture, Fixtures & Equipment	WOOD VERTICLE FILE CABINET	09/01/09	232	232	0
Furniture, Fixtures & Equipment	MEDICAL RECORDS FILE SYSTEM	10/01/09	5,916	5,916	0
Furniture, Fixtures & Equipment	8 GUEST CHAIRS	10/02/09	1,582	1,582	0
Furniture, Fixtures & Equipment	14 CHAIRS TABLE PAINTING	10/12/09	4,000	4,000	0
Furniture, Fixtures & Equipment	DESK 2	10/26/09	1,600	1,600	0

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<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Furniture, Fixtures & Equipment	COPIER	10/29/09	418	418	0
Furniture, Fixtures & Equipment	PHONE SYSTEM	12/15/09	7,127	7,127	0
Furniture, Fixtures & Equipment	MARKER BOARD	07/23/10	198	198	0
Furniture, Fixtures & Equipment	EMR OFFICE EQUIP	10/11/10	1,251	1,251	0
Furniture, Fixtures & Equipment	RECEPTION DESK	10/14/10	3,750	3,750	0
Furniture, Fixtures & Equipment	FURNITURE	11/01/10	1,990	1,990	0
Furniture, Fixtures & Equipment	FURNITURE MULBERRY	11/16/10	20,000	20,000	0
Furniture, Fixtures & Equipment	42 IN LCD TV	12/04/10	538	538	0
Furniture, Fixtures & Equipment	GE REFRIGERATOR	12/04/10	280	280	0
Furniture, Fixtures & Equipment	Office Furniture	01/06/11	1,046	1,046	0
Furniture, Fixtures & Equipment	Office Depot Printer	01/21/11	530	530	0
Furniture, Fixtures & Equipment	Okidata CX2033 Color MFP	01/24/11	696	696	0
Furniture, Fixtures & Equipment	Office Furniture	02/27/11	8,351	8,351	0
Furniture, Fixtures & Equipment	Okidata CX2033 Color MFP	04/01/11	150	150	0
Furniture, Fixtures & Equipment	IP550 Phone	08/29/11	186	186	0
Furniture, Fixtures & Equipment	IP550 Phone	08/29/11	186	186	0
Furniture, Fixtures & Equipment	Lifebook T900	09/23/11	2,029	2,029	0
Furniture, Fixtures & Equipment	Fujitsu F16130 Scanner	09/23/11	1,000	1,000	0
Furniture, Fixtures & Equipment	Aimet 1142 stand alone WAP	10/04/11	648	648	0
Furniture, Fixtures & Equipment	Aimet 1142 stand alone WAP	10/04/11	648	648	0
Furniture, Fixtures & Equipment	Thin client dts	12/15/11	313	313	0
Furniture, Fixtures & Equipment	Thin client dts	12/15/11	313	313	0
Furniture, Fixtures & Equipment	Office Furniture	01/01/12	10,918	9,213	1,705
Furniture, Fixtures & Equipment	END TABLE MAHOGANY	02/01/12	1,138	960	178
Furniture, Fixtures & Equipment	SWIVEL TILT CHAIR	02/01/12	4,291	3,621	670
Furniture, Fixtures & Equipment	HAVILAND WIND CHAIR	02/01/12	1,908	1,610	298
Furniture, Fixtures & Equipment	FABRIC WINDOW SHADES	02/01/12	5,117	4,319	798
Furniture, Fixtures & Equipment	COCKTAIL TABLE OVAL	02/01/12	1,586	1,338	248
Furniture, Fixtures & Equipment	MAHOGANY SERPENTINE D	02/01/12	4,134	3,488	646

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<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Furniture, Fixtures & Equipment	END TABLE 4 ARM	02/01/12	689	581	108
Furniture, Fixtures & Equipment	DESK LAMP BRASS	02/01/12	1,102	930	172
Furniture, Fixtures & Equipment	QUINN LEATHER CHAIR BLA	02/01/12	2,865	2,419	446
Furniture, Fixtures & Equipment	QUINN LEATHER CHAIR BLA	02/01/12	2,865	2,419	446
Furniture, Fixtures & Equipment	3 PHONES	02/16/12	675	570	105
Furniture, Fixtures & Equipment	11 RECLINERS	02/21/12	4,704	3,969	735
Furniture, Fixtures & Equipment	7 MOHOGANY CHAIRS	02/27/12	3,174	2,679	495
Furniture, Fixtures & Equipment	WIRE STORAGE SHELVES	02/29/12	7,174	6,053	1,121
Furniture, Fixtures & Equipment	16 CHAIRS	02/29/12	4,619	3,898	721
Furniture, Fixtures & Equipment	2 END TABLES	02/29/12	383	323	60
Furniture, Fixtures & Equipment	GENERATOR	02/29/12	1,926	1,625	301
Furniture, Fixtures & Equipment	LIAM 76"	03/02/12	1,028	867	161
Furniture, Fixtures & Equipment	MONTIBELLO 3PC (X4)	03/02/12	1,815	1,532	283
Furniture, Fixtures & Equipment	HARMONY CART WITH DRAI	03/02/12	4,675	3,945	730
Furniture, Fixtures & Equipment	DAKOTA5PC	03/02/12	720	607	113
Furniture, Fixtures & Equipment	PL103-ESP DESK	03/05/12	578	488	90
Furniture, Fixtures & Equipment	6 STACKABLE PANELS	03/05/12	2,292	1,934	358
Furniture, Fixtures & Equipment	PL103-ESP DESK	03/05/12	578	488	90
Furniture, Fixtures & Equipment	BOW SHELL DESK	03/05/12	661	558	103
Furniture, Fixtures & Equipment	14 WHITE LEATHER ARM TA	03/05/12	4,501	3,799	702
Furniture, Fixtures & Equipment	CONFERENCE TABLE	03/05/12	2,139	1,806	333
Furniture, Fixtures & Equipment	AIS PANEL	03/05/12	3,711	3,132	579
Furniture, Fixtures & Equipment	BOW SHELL TABLE	03/05/12	1,215	1,026	189
Furniture, Fixtures & Equipment	5 DESK CHAIRS	03/06/12	1,227	1,036	191
Furniture, Fixtures & Equipment	2 SWIVEL CHAIRS	03/12/12	453	382	71
Furniture, Fixtures & Equipment	SWIVEL STOOL	03/12/12	227	192	35
Furniture, Fixtures & Equipment	FULL BACK CHAIR	03/12/12	243	205	38
Furniture, Fixtures & Equipment	SWIVEL CHAIR	03/12/12	227	192	35
Furniture, Fixtures & Equipment	SWIVEL CHAIR	03/12/12	227	192	35

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<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Furniture, Fixtures & Equipment	CUSTOM WALL UNIT	03/12/12	14,106	11,903	2,203
Furniture, Fixtures & Equipment	SWIVEL CHAIR	03/12/12	227	192	35
Furniture, Fixtures & Equipment	SWIVEL CHAIR	03/12/12	227	192	35
Furniture, Fixtures & Equipment	5 MERLOT END TABLES	03/12/12	768	648	120
Furniture, Fixtures & Equipment	2 SAMSUNG TV 32"	03/14/12	2,858	2,411	447
Furniture, Fixtures & Equipment	12 HIWM2 WORK CHAIRS	03/14/12	3,741	3,157	584
Furniture, Fixtures & Equipment	12 HIWM2 WORK CHAIRS	03/14/12	3,741	3,157	584
Furniture, Fixtures & Equipment	CABINETS	03/21/12	11,180	9,434	1,746
Furniture, Fixtures & Equipment	CHAIR	03/21/12	638	539	99
Furniture, Fixtures & Equipment	2 CHAIRS	03/22/12	648	546	102
Furniture, Fixtures & Equipment	CHAIR	03/22/12	318	269	49
Furniture, Fixtures & Equipment	ADJ SEAT CHAIR	03/22/12	663	559	104
Furniture, Fixtures & Equipment	CHAIR	03/22/12	284	240	44
Furniture, Fixtures & Equipment	2 TVS	03/23/12	5,827	4,918	909
Furniture, Fixtures & Equipment	2 CORNER NARCOTIC CABIN	03/23/12	1,573	1,328	245
Furniture, Fixtures & Equipment	4TRASHCANS	03/27/12	3,512	2,963	549
Furniture, Fixtures & Equipment	6 SWIVEL STOOLS	04/02/12	1,359	1,147	212
Furniture, Fixtures & Equipment	TV PHIL55"	04/04/12	1,164	983	181
Furniture, Fixtures & Equipment	10 PHONES	04/08/12	2,183	1,842	341
Furniture, Fixtures & Equipment	HAND TRUCK	04/09/12	195	165	30
Furniture, Fixtures & Equipment	WORKBENCH	04/09/12	447	378	69
Furniture, Fixtures & Equipment	2 GUEST CHAIRS	04/09/12	570	482	88
Furniture, Fixtures & Equipment	12 PHONES	04/10/12	4,995	4,216	779
Furniture, Fixtures & Equipment	C1OLE CLIENT COMPUTER	05/08/12	352	297	55
Furniture, Fixtures & Equipment	SOFA	07/26/12	5,212	4,397	815
Furniture, Fixtures & Equipment	REFRIGERATOR	07/26/12	1,689	1,426	263
Furniture, Fixtures & Equipment	CABINETS	08/02/12	1,800	1,518	282
Furniture, Fixtures & Equipment	KEYPAD LOCK	08/02/12	176	149	27
Furniture, Fixtures & Equipment	3 IPITOMY PHONES	09/05/12	613	518	95

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<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Furniture, Fixtures & Equipment	2 PANELS	09/10/12	705	595	110
Furniture, Fixtures & Equipment	2 BLACK CHAIRS	09/27/12	591	499	92
Furniture, Fixtures & Equipment	BIZ HUB C550 COPIER	10/17/12	7,102	5,993	1,109
Furniture, Fixtures & Equipment	KM-3035 COPIER	10/17/12	2,756	2,325	431
Furniture, Fixtures & Equipment	3 PHONES IP410-P	10/18/12	686	579	107
Furniture, Fixtures & Equipment	TV	10/23/12	306	258	48
Furniture, Fixtures & Equipment	3 DESKS	10/26/12	784	662	122
Furniture, Fixtures & Equipment	DESK	10/26/12	261	221	40
Furniture, Fixtures & Equipment	3 SWIVEL STOOLS	10/30/12	696	587	109
Furniture, Fixtures & Equipment	PICNIC TABLE	11/07/12	483	408	75
Furniture, Fixtures & Equipment	DESK	12/06/12	318	269	49
Furniture, Fixtures & Equipment	32" TV	12/18/12	286	241	45
Furniture, Fixtures & Equipment	CANON IR3030	01/01/13	3,100	2,422	678
Furniture, Fixtures & Equipment	5 MID BACK CHAIRS	02/25/13	1,892	1,478	414
Furniture, Fixtures & Equipment	DESK	03/06/13	560	438	122
Furniture, Fixtures & Equipment	IPITOMY PHONE SYSTEM	03/15/13	1,793	1,402	391
Furniture, Fixtures & Equipment	CABINET FOR SPECIMEN	03/21/13	708	554	154
Furniture, Fixtures & Equipment	DESK, CHERRY FINISH	04/01/13	626	490	136
Furniture, Fixtures & Equipment	PANELS AND DESK	04/18/13	2,358	1,842	516
Furniture, Fixtures & Equipment	IPITOMY PHONE	04/25/13	6,978	5,452	1,526
Furniture, Fixtures & Equipment	IPITOMY PHONE	05/03/13	6,978	5,452	1,526
Furniture, Fixtures & Equipment	DESK, CHERRY FINISH	06/06/13	351	275	76
Furniture, Fixtures & Equipment	2 MIDBACK SYNCH CHAIRS	07/10/13	657	513	144
Furniture, Fixtures & Equipment	DESK, CHERRY FINISH	07/11/13	626	490	136
Furniture, Fixtures & Equipment	4 CARDIA TELEMETY WIRE	08/02/13	10,629	8,306	2,323
Furniture, Fixtures & Equipment	DESK, CHERRY FINISH	08/05/13	351	275	76
Furniture, Fixtures & Equipment	HIGHBACK EXEC CHAIR	08/22/13	276	216	60
Furniture, Fixtures & Equipment	PANEL 2ND FLOOR	08/27/13	434	339	95
Furniture, Fixtures & Equipment	WHIRLPOOL COUNTERTOP	09/04/13	35	28	7

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Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Furniture, Fixtures & Equipment	DYMO LABELER	09/04/13	35	28	7
Furniture, Fixtures & Equipment	BROTHER PRINTER	09/04/13	25	20	5
Furniture, Fixtures & Equipment	TABLE LAMPS-RECEPTION	09/04/13	100	78	22
Furniture, Fixtures & Equipment	CHAIRS-RECEPTION AREA	09/04/13	400	313	87
Furniture, Fixtures & Equipment	HIGHBACK EXEC CHAIR	09/04/13	276	216	60
Furniture, Fixtures & Equipment	DESK, CHERRY FINISH	09/04/13	351	275	76
Furniture, Fixtures & Equipment	2 HON METAL SUPPLY CABI	09/04/13	50	39	11
Furniture, Fixtures & Equipment	BROCHURE RACKS	09/04/13	50	39	11
Furniture, Fixtures & Equipment	2 FLAT SCREEN TVS	09/04/13	700	547	153
Furniture, Fixtures & Equipment	WAITING ROOM DECOR	09/04/13	200	155	45
Furniture, Fixtures & Equipment	IPITOMY VOIP PHONE	12/18/13	200	155	45
Furniture, Fixtures & Equipment	IPITOMY VOIP PHONE	12/18/13	200	155	45
Furniture, Fixtures & Equipment	IPITOMY VOIP PHNE	12/18/13	200	155	45
Furniture, Fixtures & Equipment	5 IPITOMY VOIP PHONES	12/18/13	1,000	780	220
Furniture, Fixtures & Equipment	VERTICAL BLINDS-PHYS OF	12/19/13	874	682	192
Furniture, Fixtures & Equipment	IPITOMY 1200T-1 PACKAGE	02/05/14	5,610	3,893	1,717
Furniture, Fixtures & Equipment	2 HIWM2 SYNCH CHAIR	03/19/14	335	233	102
Furniture, Fixtures & Equipment	CANNON SCANNER	04/08/14	860	596	264
Furniture, Fixtures & Equipment	2 HIWM2 CYNCH CHAIR	04/14/14	335	233	102
Furniture, Fixtures & Equipment	CHAIR	04/18/14	128	89	39
Furniture, Fixtures & Equipment	25 GUEST CHAIRS	04/22/14	80	56	24
Furniture, Fixtures & Equipment	SHELL DESK-OCALA	05/20/14	302	210	92
Furniture, Fixtures & Equipment	SHELL DESK-OCALA	05/20/14	302	210	92
Furniture, Fixtures & Equipment	SHELL DESK-OCALA	05/20/14	302	210	92
Furniture, Fixtures & Equipment	PICTURE	09/22/14	100	69	31
Furniture, Fixtures & Equipment	SWIVEL STOOL	10/24/14	136	95	41
Furniture, Fixtures & Equipment	5 HIWM2 SYNCH CHAIR	10/24/14	907	630	277
Furniture, Fixtures & Equipment	6 MANHATTAN LOVESEATS	10/28/14	3,223	2,237	986
Furniture, Fixtures & Equipment	31 WOOD FRAMED CHAIRS	10/28/14	5,251	3,644	1,607

## Institute of Cardiovascular Excellence PLLC

Case No.: 3:16-bk-01491-JAF

## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Furniture, Fixtures & Equipment	6 END TABLES	10/28/14	926	642	284
Furniture, Fixtures & Equipment	6 END TABLES	11/03/14	151	105	46
Furniture, Fixtures & Equipment	6 MANHATTAN LOVESEATS	11/03/14	524	363	161
Furniture, Fixtures & Equipment	31 WOOD FRAMED CHAIRS	11/03/14	854	593	261
Furniture, Fixtures & Equipment	LOBBY TABLE	11/17/14	500	347	153
Furniture, Fixtures & Equipment	#2 DIESEL, 15PPM ULTRA	11/24/14	1,023	710	313
Furniture, Fixtures & Equipment	5 HIWM2 SYNCH CHAIRS	12/08/14	907	630	277
Furniture, Fixtures & Equipment	SWIVEL STOOL	12/08/14	136	95	41
Furniture, Fixtures & Equipment	DRY ERASE BOARDS	12/18/14	1,203	835	368
Furniture, Fixtures & Equipment	SUNTEX ROLLER SHADE	01/27/15	400	229	171
Furniture, Fixtures & Equipment	SUNTEX ROLLER SHADE	02/13/15	395	226	169
Furniture, Fixtures & Equipment	CABINETS-BLOOD LAB	03/06/15	523	299	224
Furniture, Fixtures & Equipment	PRESSURE WASHER	04/22/15	1,484	848	636
Furniture, Fixtures & Equipment	MISC OFFICE FURNISHINGS	04/22/15	1,081	618	463
Furniture, Fixtures & Equipment	CHAIRS FROM OEC	04/22/15	1,340	766	574
<b>Furniture, Fixtures &amp; Equipment Total</b>			<b>310,858</b>	<b>265,029</b>	<b>45,829</b>
Goodwill Mulberry	GOODWILL MULBERRY	11/16/10	250,000	86,112	163,888
<b>Goodwill Mulberry Total</b>			<b>250,000</b>	<b>86,112</b>	<b>163,888</b>
Goodwill Shahmiri	000DWILL-SHAHMIRI PRAC	03/04/14	375,000	45,833	329,167
<b>Goodwill Shahmiri Total</b>			<b>375,000</b>	<b>45,833</b>	<b>329,167</b>
Leasehold	WINDOW BLINDS AND SHUT	04/19/12	16,888	9,249	7,639
Leasehold	OCALA INTERIOR RENOVAT	05/12/14	5,975	3,286	2,689
<b>Leasehold Total</b>			<b>22,863</b>	<b>12,535</b>	<b>10,328</b>
Loan Costs	LOAN COSTS	07/21/10	20,562	20,562	0
Loan Costs	LOAN COSTS	06/26/12	12,063	12,063	0
<b>Loan Costs Total</b>			<b>32,625</b>	<b>32,625</b>	<b>0</b>
Medical Equipment	HOLTER MOITORS	08/03/09	2,657	2,657	0
Medical Equipment	4 MONITORS FLASHCARDS	09/20/09	5,385	5,385	0
Medical Equipment	HP SONOS 5500	10/09/09	20,721	20,721	0



## Institute of Cardiovascular Excellence PLLC

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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Medical Equipment	EKG TABLE	11/06/09	190	190	0
Medical Equipment	BED	11/23/09	5,951	5,951	0
Medical Equipment	4 HOLTERS	12/06/09	2,850	2,850	0
Medical Equipment	SN 307029 H4760 DISK	03/31/10	1,372	1,372	0
Medical Equipment	SONARA TEK TCD SYS	04/02/10	13,688	13,688	0
Medical Equipment	EXAM TABLES 3	05/18/10	2,100	2,100	0
Medical Equipment	HOLTERS	05/26/10	4,000	4,000	0
Medical Equipment	HOLTERS	05/26/10	3,300	3,300	0
Medical Equipment	L SEIMENS NUCLEAR CAME	06/16/10	207,246	207,246	0
Medical Equipment	OPHTHALMOSCOPE	08/18/10	228	228	0
Medical Equipment	HANDLE LION	08/23/10	306	306	0
Medical Equipment	MEDICAL EQUIPMENT	09/29/10	45,162	45,162	0
Medical Equipment	DEFIB	10/05/10	1,590	1,590	0
Medical Equipment	EKG MACHINE	10/05/10	4,187	4,187	0
Medical Equipment	4 WALL MOUNTED OTO OP	01/15/11	2,650	2,650	0
Medical Equipment	4 EXAM TABLES	02/10/11	3,286	3,286	0
Medical Equipment	PATIENT SCALE	06/01/11	207	207	0
Medical Equipment	L SEIMENS S2000 ULTRASO	06/09/11	158,432	158,432	0
Medical Equipment	MESSAGE TABLE 30	06/09/11	408	408	0
Medical Equipment	L ANX AUTONOMIC NERVO	10/06/11	42,400	42,400	0
Medical Equipment	AORTASCAN AMI 9700	11/02/11	13,841	13,841	0
Medical Equipment	AORTASCAN AMI 9700	11/08/11	13,841	13,841	0
Medical Equipment	WFUHS ULTRASOUND	12/06/11	675	675	0
Medical Equipment	VAT	12/16/11	35,000	35,000	0
Medical Equipment	LEASED ULTRASOUND	12/16/11	213,593	213,593	0
Medical Equipment	Pacer	12/16/11	695	695	0
Medical Equipment	Medical Equipment	12/16/11	1,392	1,392	0
Medical Equipment	C Camera	12/16/11	134,000	134,000	0
Medical Equipment	Strecher	12/16/11	6,250	6,250	0



**Institute of Cardiovascular Excellence PLLC****Case No.: 3:16-bk-01491-JAF****YE 2015 Depreciation Schedule**

<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Medical Equipment	Strecher	12/16/11	6,250	6,250	0
Medical Equipment	Strecher	12/16/11	6,250	6,250	0
Medical Equipment	Strecher	12/30/11	6,250	6,250	0
Medical Equipment	11 TABLES	01/06/12	3,120	2,633	487
Medical Equipment	12 STRETCHERS	01/06/12	40,839	34,460	6,379
Medical Equipment	3 LIFEPAK DIFIBRILLATORS	02/15/12	1,274	1,163	111
Medical Equipment	3 LP20-EPKG	02/15/12	25,368	23,176	2,192
Medical Equipment	2 APRON RACKS	02/20/12	651	551	100
Medical Equipment	3TEC PROBE STATION	03/02/12	2,997	2,740	257
Medical Equipment	2 ULTRASOUND CARTS	03/02/12	1,399	1,279	120
Medical Equipment	C-CAM BALANCE DUE	03/07/12	9,312	8,507	805
Medical Equipment	AXIOM SENSIS XP (0055)	03/08/12	145,270	132,719	12,551
Medical Equipment	AXIOM SENSIS XP (0056)	03/08/12	156,830	143,280	13,550
Medical Equipment	ULTRASOUND ACUSON S20	03/08/12	130,880	119,572	11,308
Medical Equipment	ULTRASOUND ACUSON S20	03/08/12	142,702	130,372	12,330
Medical Equipment	ANGIOGRAPH ARTIS DFC (0	03/08/12	661,765	604,589	57,176
Medical Equipment	REFIRB ANGIOGRAPH ARTI:	03/08/12	715,340	653,535	61,805
Medical Equipment	3 LOCKING EMERGENCY CA	03/15/12	3,027	2,766	261
Medical Equipment	INSTRUMENT TABLE 124X3E	03/16/12	524	478	46
Medical Equipment	6 INSTRUMENT TABLES	03/16/12	2,189	2,000	189
Medical Equipment	STAINLESS WARMING CABN	03/16/12	4,737	4,329	408
Medical Equipment	EAGLE LINEN CART	03/19/12	667	564	103
Medical Equipment	3 REFURBISHED BAXTER 62	03/20/12	2,601	2,377	224
Medical Equipment	SCHUCCO VAC MEDICAL AS	03/21/12	308	282	26
Medical Equipment	HORIBA MICROS (60)	03/28/12	10,530	9,621	909
Medical Equipment	PHYSICIAN SCALE	03/30/12	342	288	54
Medical Equipment	4C1 TRANSDUCER WAND	04/04/12	28,790	26,302	2,488
Medical Equipment	4 INSTRUMENT TABLES	04/05/12	2,872	2,624	248
Medical Equipment	4 PADDED ARMBOARDS	04/26/12	624	527	97

## Institute of Cardiovascular Excellence PLLC

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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Medical Equipment	4 FREEDOM CLARK SOCKET	04/26/12	796	672	124
Medical Equipment	GE VIVID 4C-RS PROBE	04/27/12	3,500	3,198	302
Medical Equipment	SHIELDS FOR PET/CT	05/22/12	10,290	9,401	889
Medical Equipment	11 LINEN HAMPERS	05/29/12	3,042	2,566	476
Medical Equipment	CT-PET BIOGRAPH	06/04/12	958,850	876,006	82,844
Medical Equipment	2 SYRINGE SHIELDS	08/16/12	733	669	64
Medical Equipment	AQUARIUS SERVER 12-3000	09/04/12	84,440	77,144	7,296
Medical Equipment	10 RECORDERS	09/05/12	13,976	11,793	2,183
Medical Equipment	1.5MM CATHETER PRDSC30	09/14/12	3,395	3,103	292
Medical Equipment	2.00MM CATHETER PRDSC3	09/14/12	3,395	3,103	292
Medical Equipment	SCHUCO VAC ASPIRATOR	10/16/12	302	275	27
Medical Equipment	SCHUCO VAC MEDICAL ASP	10/16/12	302	275	27
Medical Equipment	LEAD LINED SHARP SHIELD	10/19/12	560	512	48
Medical Equipment	COUNTER TOP BLANKET Wi	10/30/12	3,718	3,137	581
Medical Equipment	2 RECORDERS MODEL 2010	11/15/12	1,735	1,464	271
Medical Equipment	SIEMENS SYNGO SC2000	01/01/13	11,537	9,877	1,660
Medical Equipment	LP20E AHA 2005 PACING	01/01/13	8,982	7,688	1,294
Medical Equipment	LP20E-PKG PACING	01/01/13	8,982	7,688	1,294
Medical Equipment	ASPERATOR S330	01/01/13	314	268	46
Medical Equipment	CRASH CART	01/03/13	450	385	65
Medical Equipment	LIFEPAK 20 DEFIB/MONITOR	01/03/13	450	385	65
Medical Equipment	EKG MACHINE	01/23/13	1,993	1,706	287
Medical Equipment	SUMMERFIELD BRIGHTSPEE	02/14/13	270,338	231,409	38,929
Medical Equipment	1.5MM CATHETER PRD SC3(	02/18/13	3,395	2,907	488
Medical Equipment	2 ANTEGRADE PATIENT PR(	03/06/13	848	726	122
Medical Equipment	SUMMERFIELD ACUSON S2(	03/26/13	130,000	111,280	18,720
Medical Equipment	9 HOLTER PERFORMER RE(	04/04/13	10,455	8,951	1,504
Medical Equipment	SUMMERFIELD NUCLEAR Ci	06/01/13	89,040	76,218	12,822
Medical Equipment	SUMMERFIELD ULTRASOUN	06/04/13	49,970	42,774	7,196

**Institute of Cardiovascular Excellence PLLC****Case No.: 3:16-bk-01491-JAF****YE 2015 Depreciation Schedule**

<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Medical Equipment	1.25MM STEALTH SOLID	06/19/13	3,495	2,993	502
Medical Equipment	2.0MM CATHETER	06/19/13	3,495	2,993	502
Medical Equipment	1.5MM CATHETER	06/24/13	3,495	2,993	502
Medical Equipment	MASTER CME HOLTER REP	06/28/13	11,995	10,269	1,726
Medical Equipment	S2000 ULTRASOUND	06/28/13	132,594	113,500	19,094
Medical Equipment	AQUARIUS LAPTOP & SOFT\	07/09/13	30,620	26,211	4,409
Medical Equipment	2 MALE THYROID APRONS	07/16/13	642	550	92
Medical Equipment	REFIRB MEDRAD PROVIS	07/24/13	9,302	7,962	1,340
Medical Equipment	8 MODEL 2010 RECORDERS	08/09/13	6,360	5,445	915
Medical Equipment	INFANT SCALE	09/04/13	50	43	7
Medical Equipment	2 PATIENT INJECTION CHAIF	09/04/13	400	342	58
Medical Equipment	3 PATIENT EXAM BEDS	09/04/13	600	514	86
Medical Equipment	4 MOUNTED XRAY VIEWERS	09/04/13	100	86	14
Medical Equipment	GEIGER COUNTER	09/04/13	200	171	29
Medical Equipment	PATIENT EXAM TABLE	09/04/13	50	43	7
Medical Equipment	PATIENT STRETCHER	09/04/13	300	257	43
Medical Equipment	LIFE PACK DEFIBRILLATOR	09/04/13	800	685	115
Medical Equipment	STANDING WEIGHT SCALE	09/04/13	300	257	43
Medical Equipment	TREADMILL SYSTEM	09/04/13	6,500	5,564	936
Medical Equipment	8 PATIENT EXAM TABLES	09/04/13	1,600	1,370	230
Medical Equipment	GE LUNAR BONE DENSITY	09/04/13	8,000	6,848	1,152
Medical Equipment	IBM MONITOR	09/04/13	400	342	58
Medical Equipment	TERASON T3200 ULTRASOU	10/18/13	19,000	16,264	2,736
Medical Equipment	DRAGER INFINITY GATEWA	10/30/13	18,199	15,579	2,620
Medical Equipment	DRAGER GAMMA XXL MONK	10/30/13	26,914	23,038	3,876
Medical Equipment	DRAGER GAMMA XXL MONK	10/30/13	149,999	128,400	21,599
Medical Equipment	REFIRB ACUSON S2000 U/S	10/30/13	104,988	89,870	15,118
Medical Equipment	TERASON T3200 U/S	11/05/13	22,030	18,858	3,172
Medical Equipment	BONE DENSITY MACHINE	12/19/13	406	348	58

**Institute of Cardiovascular Excellence PLLC****Case No.: 3:16-bk-01491-JAF****YE 2015 Depreciation Schedule**

<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
Medical Equipment	TREATMENT CHAIR	04/01/14	1,900	1,444	456
Medical Equipment	GE LOGIC E	04/03/14	30,411	23,113	7,298
Medical Equipment	PMGMAX-10MAXI W/SHEILD	04/04/14	467	356	111
Medical Equipment	LRG LEAD FEMALE APRON	04/07/14	598	455	143
Medical Equipment	3 ULTRA LITE THYROID SHE	04/07/14	135	104	31
Medical Equipment	2XL LEAD FEMALE APRON	04/07/14	673	512	161
Medical Equipment	PMGRY-100 RYDERS W/O SI	04/16/14	767	584	183
Medical Equipment	SIEMENS S2000 REV VC256	05/08/14	71,508	54,346	17,162
Medical Equipment	C02 PROTABLE DELIVERY ;	06/01/14	3,800	2,888	912
Medical Equipment	COBAS 6000 E501	06/12/14	138,600	105,336	33,264
Medical Equipment	EXTENSION CABLE SP02	07/10/14	1,149	874	275
Medical Equipment	BIOZ DX ECG-EKG MACHINE	09/01/14	562	427	135
Medical Equipment	DUAL PURPOSE HOLTER M(	09/11/14	12,070	9,173	2,897
Medical Equipment	SONARA/TEK TRANS DOPPL	09/24/14	15,063	11,448	3,615
Medical Equipment	3S-RS CARDIAC PROBE	09/29/14	3,710	2,820	890
Medical Equipment	SIEMENS S2000 ULTRASOU	09/29/14	29,950	22,762	7,188
Medical Equipment	ABACUS 5 AUTO LOADER 51	10/22/14	6,164	4,684	1,480
Medical Equipment	PCI MEDICAL	11/10/14	789	600	189
Medical Equipment	QUARK PFT PULMONARY TE	11/13/14	51,616	39,229	12,387
Medical Equipment	SONARA/TEK 2 BUTTON COI	11/24/14	265	202	63
Medical Equipment	20 HOLTER MONITORS	12/12/14	20,080	15,261	4,819
Medical Equipment	GE EKG MACHINE REFIRE	01/15/15	1,834	1,100	734
Medical Equipment	3 PAIRS RAID PROTECT GLA	01/15/15	498	299	199
Medical Equipment	SONARA/TEK 2BUTTON CON	01/22/15	265	160	105
Medical Equipment	S2000 ULTRASOUND	01/22/15	33,544	20,126	13,418
Medical Equipment	4 ULTRA LITE THYROID SHE	01/28/15	190	114	76
Medical Equipment	LRG LITE LEAD FEMALE APF	01/28/15	385	232	153
Medical Equipment	THYROID SHEILD	01/28/15	136	82	54
Medical Equipment	MOBILE APRON RACK	01/28/15	1,196	718	478

## Institute of Cardiovascular Excellence PLLC

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## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Medical Equipment	SLOT BACK 2 PIECE APRON	01/28/15	605	364	241
Medical Equipment	LRG MALE LITE LEAD APR01	01/28/15	605	364	241
Medical Equipment	TBI MEDICAL EQUIPMENT	04/30/15	6,329	3,798	2,531
Medical Equipment	COBAS 600 ANALYZER SERI	06/01/15	129,360	77,616	51,744
Medical Equipment	MALE LEAD APRON MED	07/09/15	343	206	137
Medical Equipment	2 FEMALE LEAD APRONS LF	07/09/15	433	260	173
Medical Equipment	FEMALE LEAD APRON MED	07/09/15	216	130	86
Medical Equipment	6 THYROID COLLARS	07/09/15	156	94	62
Medical Equipment	FEMALE 2PIECE APRON MEI	07/09/15	343	206	137
Medical Equipment	FEMALE LEAD APRON MED	07/09/15	216	130	86
Medical Equipment	2 FEMALE LEAD APRONS LF	07/23/15	317	191	126
Medical Equipment	FEMALE LEAD APRON MED	07/23/15	159	96	63
Medical Equipment	FEMALE LEAD APRON MED	07/23/15	159	96	63
Medical Equipment	FEMALE 2PIECE APRON MEI	07/23/15	252	151	101
Medical Equipment	MALE LEAD APRON MED	07/23/15	252	151	101
Medical Equipment	6 THYROID COLLARS	07/23/15	114	68	46
Medical Equipment	FEMALE LEAD APRON LRG	07/23/15	469	282	187
Medical Equipment	REFURB GE EKG MACHINE	07/31/15	932	559	373
Medical Equipment	REFURB GE EKG MACHINE	07/31/15	932	559	373
<b>Medical Equipment Total</b>			<b>5,870,450</b>	<b>5,259,232</b>	<b>611,218</b>
Sebring Purchase	GOODWILL SEBRING	03/25/15	50,000	2,778	47,222
<b>Sebring Purchase Total</b>			<b>50,000</b>	<b>2,778</b>	<b>47,222</b>
Signs	Sign	02/11/11	2,220	2,220	0
Signs	Sign	03/04/11	3,584	3,584	0
Signs	SIGN	08/02/12	2,725	2,300	425
Signs	SIGNS	08/20/12	2,490	2,102	388
Signs	WILLISTON SIGN	11/27/12	2,250	1,900	350
Signs	EXTERIOR SIGNS/DOOR	04/02/13	6,622	5,174	1,448
Signs	BLDG LOGO SIGN	06/11/13	4,770	3,727	1,043

## Institute of Cardiovascular Excellence PLLC

Case No.: 3:16-bk-01491-JAF

## YE 2015 Depreciation Schedule

Asset Classification (GL)	Description of Property	Date Placed In Service	Cost or Other Basis	2015 Accum. Deprec.	Net Book Value
Signs	2 ROAD SIGNS	06/11/13	629	492	137
Signs	MOUNTED SIGN WITH LIGH1	10/21/13	4,770	3,727	1,043
Signs	MOUNTED SIGN WITH LIGH1	11/01/13	466	364	102
Signs	INTERIOR SIGN	11/01/13	424	331	93
Signs	SIGNAGE	07/03/15	562	321	241
<b>Signs Total</b>			<b>31,512</b>	<b>26,242</b>	<b>5,270</b>
Software	MICROSOFT OFFICE LICEN:	04/02/13	2,133	2,044	89
Software	BILLING SOFTWARE AND LI(	04/04/13	9,202	8,819	383
Software	18 MICROSOFT LICENSE	05/01/13	3,432	3,241	191
Software	MICROSOFT HOME AND BU;	05/07/13	211	199	12
Software	MICROSOFT HOME AND BU;	05/07/13	211	199	12
Software	EMD SOFTWARE AND LIC	07/01/13	8,788	8,056	732
Software	EMD SOFTWARE AND LIC	07/03/13	20,714	18,987	1,727
Software	MICROSOFT HOME BUS LIC	09/11/13	569	507	62
Software	SENSIS SOFTWARE LIC	12/10/13	14,005	11,866	2,139
Software	SOLUTION SERIES SOFTWA	12/19/13	24,994	21,176	3,818
Software	2 MOCROSOFT LICENSES	08/19/14	1,838	1,353	485
Software	212 MICROSOFT WINDOWS	08/19/14	7,416	5,459	1,957
Software	MICROSFT EXCHANGE LIC	08/19/14	738	543	195
Software	212 MICROSFT EXCHANGE 1	08/19/14	17,303	12,738	4,565
Software	96 MICROSFT WINDOWS LIC	08/19/14	11,702	8,614	3,088
Software	AQUARIUS INTUITION PACK,	08/28/14	3,896	2,868	1,028
Software	2 TSSCAN FULL VERSION	09/17/14	760	549	211
Software	EMD EMIR SOFTWARE	09/29/14	1,000	723	277
Software	10 INTERACT PRO LIC	10/31/14	4,255	3,014	1,241
Software	EMD SOFTWARE VIA HL7	02/10/15	3,250	2,122	1,128
Software	CARECLOUD SOFTWARE	02/20/15	1,000	653	347
Software	AQUARIUS INTUITION SOFT'	04/13/15	11,766	7,354	4,412
Software	ESOFT SPELT CARDIAC SO	06/15/15	6,095	3,641	2,454

**Institute of Cardiovascular Excellence PLLC****Case No.: 3:16-bk-01491-JAF****YE 2015 Depreciation Schedule**

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<b>Asset Classification (GL)</b>	<b>Description of Property</b>	<b>Date Placed In Service</b>	<b>Cost or Other Basis</b>	<b>2015 Accum. Deprec.</b>	<b>Net Book Value</b>
<b>Software Total</b>			<b>155,278</b>	<b>124,725</b>	<b>30,553</b>
Vehicles	DELUCA TOYOTA-2014 SIEN	02/25/14	32,190	16,260	15,930
<b>Vehicles Total</b>			<b>32,190</b>	<b>16,260</b>	<b>15,930</b>
<b>Grand Total</b>			<b>\$ 8,047,872</b>	<b>\$ 6,680,405</b>	

**Fill in this information to identify the case:**Debtor name **Institute of Cardiovascular Excellence, PLLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **3:16-bk-01491**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>Fifth Third Bank</b> Creditor's Name <b>c/o Michael E. Strach</b> <b>Carlton Fields</b> <b>100 SE Second St., Suite</b> <b>420</b> <b>Miami, FL 33101-2113</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>1/10/2013</b> Last 4 digits of account number <b>0067</b> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>Lien on all assets of debtor</b>  Describe the lien <b>Lien on all assets of debtor</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,875,625.00</b>	<b>Unknown</b>

<b>2.2</b>	<b>Fifth Third Bank</b> Creditor's Name <b>PO Box 630337</b> <b>Cincinnati, OH 45263-0337</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred <b>3/21/2013</b> Last 4 digits of account number <b>0075</b>	Describe debtor's property that is subject to a lien <b>Signs</b>  Describe the lien <b>Equipment</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$59,505.69</b>	<b>Unknown</b>
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Debtor Institute of Cardiovascular Excellence, PLLC  
NameCase number (if know) 3:16-bk-01491

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Fifth Third Bank**

Creditor's Name

**PO Box 630337  
Cincinnati, OH 45263-0337**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**10/19/2010**

Last 4 digits of account number

**0034**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$1,967,051.94\$5,957,069.00**90 days or less: Medicare Holdback  
\$5,358,495.00****Insurance Companies \$1,710,210.00****Insurance Companies \$598,574.00**

Describe the lien

**Security Agreement Line of credit**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Fifth Third Bank**

Creditor's Name

**PO Box 630337  
Cincinnati, OH 45263-0337**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**6/24/2013**

Last 4 digits of account number

**0018**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$260,616.96\$611,218.00**Medical Equipment**

Describe the lien

**Equipment loan (co borrower with ICE Holdings)**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Fifth Third Bank**

Creditor's Name

**PO Box 630337  
Cincinnati, OH 45263-0337**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$180,545.70\$108,062.00**Computer Equipment**

Describe the lien

Debtor **Institute of Cardiovascular Excellence, PLLC**  
NameCase number (if know) **3:16-bk-01491****Equipment loan**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**10/30/2013**

Last 4 digits of account number

**0083**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$4,343,345.29****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

The Fifth Third Bank  
PO Box 740789  
Cincinnati, OH 45274-0789Line 2.1The Fifth Third Bank  
c/o Michael E. Strach  
Carlton Fields  
100 SE Second St., Suite 420  
Miami, FL 33101-2113Line 2.1The Fifth Third Bank  
PO Box 630337  
Cincinnati, OH 45263-0337Line 2.1The Fifth Third Bank  
c/o Michael E. Strach  
Carlton Fields  
100 SE Second St., Suite 420  
Miami, FL 33101-2113Line 2.2

**Fill in this information to identify the case:**Debtor name **Institute of Cardiovascular Excellence, PLLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **3:16-bk-01491**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Florida Department of Revenue</b> <b>5050 West Tennessee Street</b> <b>Tallahassee, FL 32399</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>** Notice only**</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>George Albright</b> <b>Tax Collector</b> <b>503 SE 25th Ave</b> <b>Ocala, FL 34471</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$73,225.51</b>	<b>\$73,225.51</b>
	Date or dates debt was incurred <b>2015</b> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Personal Property Tax for Ocala location</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Institute of Cardiovascular Excellence, PLLC**  
Name

Case number (if known)

**3:16-bk-01491**

2.3	Priority creditor's name and mailing address <b>George Albright</b> <b>Tax Collector</b> <b>503 SE 25th Ave</b> <b>Ocala, FL 34471</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,895.92</b>	<b>\$8,895.92</b>
Date or dates debt was incurred <b>2015</b>		Basis for the claim: <b>Personal Property Tax for Summerfield location</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.4	Priority creditor's name and mailing address <b>Infinity Innovations</b> <b>4730 SW 49th Rd</b> <b>Ocala, FL 34474</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$233,656.91</b>	<b>\$233,656.91</b>
Date or dates debt was incurred		Basis for the claim: <b>\$197,137.17 Taxes for leased employees</b> <b>\$26,519.74 terminated leased employees</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.5	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>POB 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>** Notice only**</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>3-D Background Screening</b> <b>PO Box 3063</b> <b>Ocala, FL 34478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$342.55</b>	

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3.2	Nonpriority creditor's name and mailing address <b>A&amp;C Pest Control, LLC</b> <b>35342 Huff Rd</b> <b>Eustis, FL 32736</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37.45</b>	
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Debtor **Institute of Cardiovascular Excellence, PLLC**  
NameCase number (if known) **3:16-bk-01491**

3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Accounting &amp; Technology Assurance LLC</b> <b>1209 Southeast 14th St</b> <b>Ocala, FL 34471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Acist Medical Systems</b> <b>PO BOX 978975</b> <b>Dallas, TX 75397-8975</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,431.00</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Advance Medical Designs</b> <b>1241 Atlanta Industrial Dr</b> <b>Marietta, GA 30066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148.40</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Advanced Disposal</b> <b>5111 S Pine Ave, Ste M</b> <b>Ocala, FL 34480</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$539.15</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Airgas USA LLC</b> <b>PO Box 532609</b> <b>Atlanta, GA 30353-2609</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,626.78</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Akers Creative Group LLC</b> <b>PO Box 490088</b> <b>Leesburg, FL 34749</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$263,723.95</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>AIBio Tech</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,000.00</b>

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NameCase number (if known) **3:16-bk-01491**

3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Altman Scientific Inc</b> <b>Po Box 5312</b> <b>Saint Augustine, FL 32085-5312</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>American Fire and Safety Sup</b> <b>953 NE Osceola Ave</b> <b>Ste 100</b> <b>Ocala, FL 34470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$570.23</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>American International</b> <b>Biotechnology, LLC</b> <b>601 Biotech Dr</b> <b>Richmond, VA 23235</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Amended Summary Final Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$271,339.84</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>American Janitorial</b> <b>PO Box 2534</b> <b>Umatilla, FL 32784</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,870.70</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>American Medical Association</b> <b>PO Box 4198</b> <b>Carol Stream, IL 60197-9788</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$420.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>American Medical Review</b> <b>PO Box 550749</b> <b>Jacksonville, FL 32255-0749</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>American Society of</b> <b>Echocardiography</b> <b>2100 Gateway Centre Blvd</b> <b>Ste 310</b> <b>Morrisville, NC 27560</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$275.00</b>

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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Ancillary Medical Management</b> <b>6501 Justin Ct</b> <b>Port Orange, FL 32128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,173.94</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Angelica</b> <b>PO Box 535122</b> <b>Atlanta, GA 30353-5122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,903.38</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Angiodynamics</b> <b>PO Box 1549</b> <b>Albany, NY 12201-1549</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,310.04</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Applied Cardiac Systems</b> <b>1 Hughes</b> <b>Irvine, CA 92618</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$190.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Argon Medical</b> <b>PO Box 677482</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,751.06</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Arnold &amp; Porter LLP</b> <b>PO Box 759451</b> <b>Baltimore, MD 21275-9415</b> Date(s) debt was incurred <u>6/2015 through 2/29/2016</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$286,069.53</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>PO Box 536216</b> <b>Atlanta, GA 30358</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3765</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Cell Phone bill</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,052.52</b>

Debtor **Institute of Cardiovascular Excellence, PLLC**  
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Auto-Owners Insurance</b> <b>PO Box 30315</b> <b>Lansing, MI 48909-7815</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$435.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Balboa Capital Corp</b> <b>PO Box 79445</b> <b>City of Industry, CA 91716-9445</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$590.38</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Batteries Plus</b> <b>138 S Dale Mabry</b> <b>Tampa, FL 33609</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$212.07</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>BCI Integrated Solutions</b> <b>5139 W Rio Vista Ave</b> <b>Tampa, FL 33634</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$889.36</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Benefit Professionals Inc</b> <b>PO Box 1789</b> <b>Albertville, AL 35950</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,850.00</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Best Cleaning Service Ocala</b> <b>9349 Bahia Rd</b> <b>Ocala, FL 34478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,800.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Bioventus, LLC</b> <b>1900 Charles Bryan Rd</b> <b>Cordova, TN 38016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>



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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Blanchard, Merriam, Adel</b> <b>and Kirkland, PA</b> <b>PO Box 1869</b> <b>Ocala, FL 34478-1869</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$154,570.54</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Boston Scientific Corp</b> <b>100 Boston Scientific Way</b> <b>Marlborough, MA 01752-1234</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt - medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$523,324.49</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Bracco Diagnostics Inc.</b> <b>259 Prospect Plains Road</b> <b>Building H</b> <b>Monroe Township, NJ 08831</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4517</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt - medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$163,068.21</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Brown Associates</b> <b>589 Brighton Dr</b> <b>The Villages, FL 32162</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72.27</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Capital Office Products</b> <b>210 Fentress Blvd</b> <b>Daytona Beach, FL 32114</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8275</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,867.56</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Cardinal Health</b> <b>Medical Products &amp; Services</b> <b>PO Box 905867</b> <b>Charlotte, NC 28290-5867</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,697.39</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Carstens</b> <b>PO Box 99110</b> <b>Chicago, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$463.50</b>

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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>CCS Mechanical Inc</b> <b>737 SW 57th Ave</b> <b>Ocala, FL 34474</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,572.00</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Center for Independent Livin</b> <b>222 SW 36th Ter</b> <b>Gainesville, FL 32607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,708.72</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Central FL Diagnostics PA</b> <b>5526 Emerson Pointe Way</b> <b>Orlando, FL 32819</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Medical supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,535.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Central Florida Health &amp; Wellness Magazine</b> <b>1630 Caxambas Ct</b> <b>Marco Island, FL 34145</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,460.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>City of Ocala</b> <b>505050 17th St, Ste 103</b> <b>Ocala, FL 34471-2174</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$473.12</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>City of Ocala - 548069</b> <b>PO Box 30749</b> <b>Tampa, FL 33630-3749</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,566.24</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>City of Ocala A/R Dept</b> <b>110 SE Watula Ave, 3rd Fl</b> <b>Ocala, FL 34471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>

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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>City of Ocala Florida</b> <b>Accounts Receivable</b> <b>201 SE 3rd St</b> <b>Ocala, FL 34471-2172</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>CJ's Power Systems</b> <b>132 NE 17th Pl</b> <b>Ocala, FL 34470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.00</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Coeur Inc</b> <b>Po Box 71404</b> <b>Chicago, IL 60694-1404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,834.67</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>COLA, Inc.</b> <b>9881 Broken Land Pkwy #200</b> <b>Columbia, MD 21046</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,871.00</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Comer Consulting, Inc.</b> <b>541 Blanche Ave.</b> <b>Umatilla, FL 32784</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,617.00</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Community Bank &amp; Trust of FL</b> <b>PO Box 1570</b> <b>Ocala, FL 34478</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1963</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$524,426.18</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Community Bank Visa</b> <b>Po Box 672051</b> <b>Dallas, TX 75267-2021</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,595.09</b>

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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Medical Inc</b> <b>22988 Network PI</b> <b>Chicago, IL 60673-1229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,732.49</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien</b> <b>PO Box 120823</b> <b>Dallas, TX 75312-0823</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,290.60</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Cox Business</b> <b>PO Box 9001077</b> <b>Louisville, KY 40290-1077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,191.28</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>CR Bard Inc</b> <b>PO Box 75767</b> <b>Charlotte, NC 28275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,700.00</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Crystal Springs</b> <b>PO Box 660579</b> <b>Dallas, TX 75266-0579</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$136.20</b>
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan</b> <b>1920 SW 37th Ave</b> <b>Ocala, FL 34474</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,533.77</b>
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>D'Alonso Lawn Service</b> <b>5631 NE 140th Ct</b> <b>Williston, FL 32696</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>

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3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Daily Commercial</b> <b>PO Box 919442</b> <b>Orlando, FL 32891-9422</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,752.64</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Deaf &amp; Hearing Services</b> <b>of Lake and Sumter</b> <b>220 S 9th St</b> <b>Leesburg, FL 34748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,094.41</b>
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Diatron US Inc</b> <b>2310 W 78th St</b> <b>Hialeah, FL 33016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,833.36</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Digital Logistics Group LLC</b> <b>6321 Porter Rd Unit 13</b> <b>Sarasota, FL 34240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,445.62</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>DOH Bureau of Radiation Cont</b> <b>Radioactive Materials Progra</b> <b>4042 Bald Cypress Way</b> <b>Tallahassee, FL 32399</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,688.40</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>DOH X-Ray Registration</b> <b>705 Wells Rd, Ste 300</b> <b>Orange Park, FL 32073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$545.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Draeger Medical Inc</b> <b>PO Box 347482</b> <b>Pittsburgh, PA 15251-4482</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,701.88</b>

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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Duke Energy</b> <b>PO Box 1004</b> <b>Charlotte, NC 28201</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5090</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,502.15</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Duke Energy</b> <b>PO Box 1004</b> <b>Charlotte, NC 28201-1004</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8.88</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Edge Medical Solutions, LLC</b> <b>7257 NW 4th Blvd #252</b> <b>Gainesville, FL 32607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$237.00</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>EGP, Inc</b> <b>Po Box 1363</b> <b>Orlando, FL 32802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,264.55</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Estate of Sheri Moore</b> <b>c/o Casey Moore, PR</b> <b>Lytal, Reiter, Smith, Ivey &amp;</b> <b>515 N Flagler Dr, Ste 1000</b> <b>West Palm Beach, FL 33401</b> Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>AXXX</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Alleged medical malpractice lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>ev3 Inc.</b> <b>1475 Paysphere Circle</b> <b>Chicago, IL 60674</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$214,970.00</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Family Readers</b> <b>PO Box 1469</b> <b>Elyria, OH 44036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$303.68</b>

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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>FedEx</b> <b>Po Box 660481</b> <b>Dallas, TX 75266-0481</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,755.21</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Fifth Third Bank</b> <b>PO Box 740789</b> <b>Cincinnati, OH 45274-0789</b> Date(s) debt was incurred <u>6/27/2013</u> Last 4 digits of account number <u>0059</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Guarantor of ICE Holdings PLLC loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,053,219.15</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Fifth Third Bank Mastercard</b> <b>PO Box 740789</b> <b>Cincinnati, OH 45274-0789</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,690.28</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Fire Safety Specialists</b> <b>1001 Webster St</b> <b>Wildwood, FL 34785</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$439.52</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>FL Dept of Health Sumter</b> <b>Po Box 98</b> <b>Bushnell, FL 33513</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Folsom Business Forms, Inc</b> <b>PO Box 2675</b> <b>Ocala, FL 34478-2675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$265.18</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Fort Knox Self Storage</b> <b>13634 US Hwy 441</b> <b>Lady Lake, FL 32159</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$754.20</b>

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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Galaxy Cleaning Sytems</b> <b>3823 SW 109th Ln</b> <b>Ocala, FL 34476</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,200.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Gap Diagnostic Services</b> <b>7400 State Rd 21</b> <b>Keystone Heights, FL 32656</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,250.00</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>GE Healthcare</b> <b>PO Box 640200</b> <b>Pittsburgh, PA 15264-0200</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,080.46</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Greenberg Traurig PA</b> <b>101 E Kennedy Blvd.</b> <b>Suite 1900</b> <b>Tampa, FL 33602</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0300</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$259,752.51</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Haymarket Media, Inc</b> <b>PO Box 103</b> <b>Congers, NY 10920-0103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Healthwise Education LLC</b> <b>14501 SE 97th Ter</b> <b>Ocala, FL 34471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$570.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Heath Brook Master Assoc.</b> <b>PO Box 105302</b> <b>Atlanta, GA 30348-5302</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$293.08</b>



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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Heritage Flowers</b> <b>522 SE 1st Ave</b> <b>Ocala, FL 34471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$547.44</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Hills Shred Express</b> <b>PO Box 1718</b> <b>Ocala, FL 34478-1718</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,330.00</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Holly Taylor</b> <b>c/o Rafael Jacinto Nobo, III</b> <b>19160 SW 29th Ct</b> <b>Hollywood, FL 33029</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lawsuits</u> <u>5:15-cv-00179-WTH-TBS</u> <u>5:11-cv-00406-10TBS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>ICU Medical Inc</b> <b>PO Box 848908</b> <b>Los Angeles, CA 90084-8908</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,294.36</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>ImageOne Janitorial Services</b> <b>658 Douglas Ave, Ste 1110</b> <b>Altamonte Springs, FL 32714</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,939.85</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Integrated Telephone Systems</b> <b>PO Box 919</b> <b>Chiefland, FL 32644</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$237.23</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Intermed Biomedical Services</b> <b>13351 Progress Blvd</b> <b>Alachua, FL 32615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,769.65</b>

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3.94	<b>Nonpriority creditor's name and mailing address</b> <b>InterMed Nuc Med, Inc.</b> <b>13351 Progress Blvd</b> <b>Alachua, FL 32615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,560.60</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Intermed Technology Managemt</b> <b>13351 Progress Blvd</b> <b>Alachua, FL 32615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,280.30</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>InterMed Ultrasound Services</b> <b>13351 Progress Blvd</b> <b>Alachua, FL 32615</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87,450.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate Recovery Service</b> <b>PO Box 8125</b> <b>Virginia Beach, VA 23450</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9362</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Collections for Family Readers Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$341.64</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Isom's Lawn Service, LLC</b> <b>110 LaVista St</b> <b>Fruitland Park, FL 34731</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,850.00</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>IT Network Solutions Group</b> <b>6321 Porter Rd</b> <b>Unit 13</b> <b>Sarasota, FL 34240</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$650.45</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Jameson Vicars &amp; Co., CPA</b> <b>100 Wallace Avenue</b> <b>Suite 380</b> <b>Sarasota, FL 34237</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Accounting fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,823.60</b>

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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Jerry Cummings</b> <b>2611 SE 29th Ln</b> <b>Ocala, FL 34471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,400.00</b>
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson &amp; Johnson Health Car</b> <b>PO Box 406663</b> <b>Atlanta, GA 30384-6663</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,900.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Julius Zorn Inc</b> <b>PO Box 1088</b> <b>Cuyahoga Falls, OH 44223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,168.72</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>King Security, LLC</b> <b>9833 SW 42nd Ave</b> <b>Ocala, FL 34476</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,053.52</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Knaggs Medical Specialties</b> <b>5721 NW 64th Ter</b> <b>Gainesville, FL 32653</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,740.00</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>LabCorp</b> <b>PO Box 12140</b> <b>Burlington, NC 27216-2140</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$215.16</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Land Rover Orlando</b> <b>PO Box 78074</b> <b>Phoenix, AZ 85062</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,704.08</b>

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3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Landauer, Inc.</b> <b>PO Box 809051</b> <b>Chicago, IL 60680-9051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,041.79</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Laser Action Plus Inc</b> <b>1228 SW 15th Ave</b> <b>Ocala, FL 34471</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,750.08</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Laser Printer Systems</b> <b>2275 SE 58th Ave</b> <b>Ocala, FL 34480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$233.20</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Laurel Manor Prof Plaza POA</b> <b>1021 Lake Sumter Landing</b> <b>The Villages, FL 32162</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,219.63</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Leopard Transport</b> <b>PO Box 923</b> <b>Ocala, FL 34478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$915.00</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Levy Jones, Inc</b> <b>PO Box 101</b> <b>Williston, FL 32696-0101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,768.33</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Ludlum Measurements Inc</b> <b>PO Box 810</b> <b>501 Oak St</b> <b>Sweetwater, TX 79556</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93.50</b>

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3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Lynn Medical</b> <b>Dept 77045</b> <b>PO Box 77000</b> <b>Detroit, MI 48277-0045</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$912.54</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Marion County Utilities</b> <b>11800 SE US Highway 441</b> <b>Bellevue, FL 34420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$103.49</b>
3.117	<b>Nonpriority creditor's name and mailing address</b> <b>Marion Medical Park</b> <b>2100 SE 17th St, Ste 802</b> <b>Ocala, FL 34471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$189.53</b>
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Mary Ann's Uniforms</b> <b>506 SE 1st Ave</b> <b>Ocala, FL 34471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,018.60</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Massey</b> <b>10 SW 49th Ave</b> <b>Bldg 2, Ste C&amp;D</b> <b>Ocala, FL 34474</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,164.95</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>PO Box 660266</b> <b>Dallas, TX 75266-0266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,145.43</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>MedFirst Healthcare Supply</b> <b>902 JanMar Ct</b> <b>Clermont, FL 34715</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$870.90</b>

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3.122	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Diagnostic Services</b> <b>28348 Hollondel Rd</b> <b>Okahumpka, FL 34762</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,510.00</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Disposal Systems</b> <b>PO Box 161417</b> <b>Altamonte Springs, FL 32716</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Medtronic USA Inc.</b> <b>PO BOX 409201</b> <b>Atlanta, GA 30384-9201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,610.78</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Merit Medical Systems, Inc.</b> <b>PO Box 204842</b> <b>Dallas, TX 75320-4842</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,428.40</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Mike Scott Plumbing</b> <b>668 E Overdrive Cir</b> <b>Hernando, FL 34442</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>MLDZ Enterprises, Ltd</b> <b>4328 SE 26th Terrace Rd</b> <b>Ocala, FL 34480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,544.58</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Muzak, LLC</b> <b>PO Box 71070</b> <b>Charlotte, NC 28272-1070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$181.50</b>

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3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Nasrallah Architectural Grou</b> <b>3920 Edgewater Dr, Ste 101</b> <b>Orlando, FL 32804</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,088.00</b>
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Navicure</b> <b>2055 Sugarloaf Cir, Ste 600</b> <b>Duluth, GA 30097-4363</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,587.50</b>
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Needham Enterprises</b> <b>c/o Charles Ruse, Jr., Esq</b> <b>500 NE 8th Ave</b> <b>Ocala, FL 34470</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4734</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Plumbing and electric</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,524.77</b>
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Neptune Ventures</b> <b>3003 SW College Rd, Ste 1071</b> <b>Ocala, FL 34474</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,550.42</b>
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>NICA</b> <b>PO Box 14567</b> <b>Tallahassee, FL 32317</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>North Sumter Cnty Utility</b> <b>3201 Wedgewood Ln</b> <b>The Villages, FL 32162</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$73.40</b>
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Novaerus US Inc</b> <b>11 North Canal, Ste 165</b> <b>Chicago, IL 60606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$699.60</b>

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3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Ocala Snack Vending Distribu</b> <b>5380 SE 24th St</b> <b>Ocala, FL 34480</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,017.84</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>Ocala/Marion County Chamber</b> <b>310 SE 3rd St</b> <b>Ocala, FL 34471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Organogenesis, Inc.</b> <b>PO Box 842958</b> <b>Boston, MA 02284-2958</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,885.00</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Orkin Pest Control</b> <b>540 SW 8th St, Ste 102</b> <b>Ocala, FL 34471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$481.50</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Paddock Park Commercial Ctr</b> <b>2143 East Fort King</b> <b>Ste 102</b> <b>Ocala, FL 34471</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$698.03</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Perfect Serve, Inc</b> <b>Po Box 638515</b> <b>Cincinnati, OH 45263-8518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$279.72</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>Pfizer, Inc.</b> <b>PO Box 100539</b> <b>Atlanta, GA 30384-0539</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,600.60</b>



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3.143	<b>Nonpriority creditor's name and mailing address</b> <b>Pinnacle Creative Group Inc</b> <b>114 E Dixie Ave</b> <b>Leesburg, FL 34748</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,543.00</b>
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global Fin Serv</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$177.23</b>
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>PluralSoft Inc</b> <b>19448 E Fair Pl</b> <b>Aurora, CO 80016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,000.00</b>
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Premier Land Management</b> <b>1830 SE 38th St</b> <b>Ocala, FL 34480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>Principal Life Ins - Dental</b> <b>PO Box 14513</b> <b>Des Moines, IA 50306-3513</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,823.30</b>
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>Principal Life Ins - Vision</b> <b>PO Box 14513</b> <b>Des Moines, IA 50306-3513</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,319.48</b>
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Progressive</b> <b>PO Box 105428</b> <b>Atlanta, GA 30348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,075.71</b>

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3.150	<b>Nonpriority creditor's name and mailing address</b> <b>PSS</b> <b>PO Box 741378</b> <b>Atlanta, GA 30374-1378</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,188.64</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Purchase Power</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,886.91</b>
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Medical Marketing</b> <b>PO Box 3704</b> <b>Ocala, FL 34474</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,494.60</b>
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Quest Diagnostics</b> <b>PO Box 740781</b> <b>Cincinnati, OH 45274-0781</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$864.00</b>
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Ray Howard &amp; Associates</b> <b>3350 Kori Rd</b> <b>Jacksonville, FL 32257</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,054.42</b>
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Ray's Key &amp; Lock Services</b> <b>25 NE 8th Ave</b> <b>Ocala, FL 34470</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6.36</b>
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Reed and Daly Inc</b> <b>PO Box 1706</b> <b>Ocala, FL 34478</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,333.32</b>

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3.157	<b>Nonpriority creditor's name and mailing address</b> <b>Robert A. Green</b> <b>c/o Jonathan Kroner, Esq</b> <b>420 Lincoln Rd, Ste 248</b> <b>Miami Beach, FL 33139</b> Date(s) debt was incurred <u>2011</u> Last 4 digits of account number <u>DTBS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.158	<b>Nonpriority creditor's name and mailing address</b> <b>Roche Diagnostics Corp</b> <b>PO Box 50457</b> <b>Indianapolis, IN 46250-0457</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>1025</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74,662.53</b>
3.159	<b>Nonpriority creditor's name and mailing address</b> <b>S&amp;W Healthcare Corporation</b> <b>15251 Flight Path Dr</b> <b>Brooksville, FL 34604</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$350.41</b>
3.160	<b>Nonpriority creditor's name and mailing address</b> <b>SBA South Florida District</b> <b>100 S. Biscayne Blvd.</b> <b>7th Floor</b> <b>Miami, FL 33131</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>5008</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SBA Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,030,128.53</b>
3.161	<b>Nonpriority creditor's name and mailing address</b> <b>SBA South Florida District</b> <b>100 S. Biscayne Blvd.</b> <b>7th Floor</b> <b>Miami, FL 33131</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Ocala office location</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,973,174.75</b>
3.162	<b>Nonpriority creditor's name and mailing address</b> <b>Schuler House</b> <b>27821 Fremont Ct, Unit 8</b> <b>Valencia, CA 91355</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,931.00</b>
3.163	<b>Nonpriority creditor's name and mailing address</b> <b>SECO</b> <b>PO Box 31634</b> <b>Tampa, FL 33631-3634</b> Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>4003</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,795.77</b>

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3.164	<b>Nonpriority creditor's name and mailing address</b> <b>SECO</b> <b>PO Box 31634</b> <b>Tampa, FL 33631-3634</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1902</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,937.13</b>
3.165	<b>Nonpriority creditor's name and mailing address</b> <b>SFH Inc</b> <b>1022 Texan Trail #3217</b> <b>Grapevine, TX 76051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,266.00</b>
3.166	<b>Nonpriority creditor's name and mailing address</b> <b>Shred-It USA</b> <b>PO Box 13574</b> <b>New York, NY 10087-3574</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$163.35</b>
3.167	<b>Nonpriority creditor's name and mailing address</b> <b>Siemens Medical Solutions</b> <b>40 Liberty Boulevard</b> <b>Malvern, PA 19355</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6370</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b><u>Business debt - Equipment warranty services contract</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$315,532.66</b>
3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Singulex Inc</b> <b>Dept CH 19669</b> <b>Palatine, IL 60055-9669</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.36</b>
3.169	<b>Nonpriority creditor's name and mailing address</b> <b>Space Age Copy Systems</b> <b>4778 SW 143rd Loop</b> <b>Ocala, FL 34473</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.42</b>
3.170	<b>Nonpriority creditor's name and mailing address</b> <b>St. Jude Medical</b> <b>22400 Network Place</b> <b>Chicago, IL 60673-1224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <b><u>Medical supplies</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79,800.00</b>

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3.171 Nonpriority creditor's name and mailing address

State of Florida  
c/o Jill Bennett  
400 S Monroe St PL-01  
Tallahassee, FL 32399-1050Date(s) debt was incurred 2011Last 4 digits of account number     As of the petition filing date, the claim is: *Check all that apply.*

- ☒
- Contingent
- 
- ☒
- Unliquidated
- 
- ☒
- Disputed

Basis for the claim: lawsuits5:11-cv-00406-RBD-TBS5:15-cv-00179-WTH-TBSIs the claim subject to offset? ☒ No ☐ YesUnknown

3.172 Nonpriority creditor's name and mailing address

Stericycle  
PO Box 6582  
Carol Stream, IL 60198-6585Date(s) debt was incurred     Last 4 digits of account number     As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:     Is the claim subject to offset? ☒ No ☐ Yes\$6,306.00

3.173 Nonpriority creditor's name and mailing address

Steve Dibble  
2051 SE 215th Ave  
Morrison, FL 32668Date(s) debt was incurred     Last 4 digits of account number     As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:     Is the claim subject to offset? ☒ No ☐ Yes\$561.75

3.174 Nonpriority creditor's name and mailing address

Stevens Communication  
PO Box 187  
Ocala, FL 34478-0187Date(s) debt was incurred     Last 4 digits of account number 1416As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:     Is the claim subject to offset? ☒ No ☐ Yes\$700.00

3.175 Nonpriority creditor's name and mailing address

Stevens Communication  
PO Box 187  
Ocala, FL 34478-0187Date(s) debt was incurred     Last 4 digits of account number 1705As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:     Is the claim subject to offset? ☒ No ☐ Yes\$840.00

3.176 Nonpriority creditor's name and mailing address

Stevens Communication  
PO Box 187  
Ocala, FL 34478-0187Date(s) debt was incurred     Last 4 digits of account number 1709As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:     Is the claim subject to offset? ☒ No ☐ Yes\$700.00

3.177 Nonpriority creditor's name and mailing address

Stevens Communication  
PO Box 187  
Ocala, FL 34478-0187Date(s) debt was incurred     Last 4 digits of account number 1710As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim:     Is the claim subject to offset? ☒ No ☐ Yes\$840.00

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3.178	<b>Nonpriority creditor's name and mailing address</b> <b>Stevens Communication</b> <b>PO Box 187</b> <b>Ocala, FL 34478-0187</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1711</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>
3.179	<b>Nonpriority creditor's name and mailing address</b> <b>Stevens Communication</b> <b>PO Box 187</b> <b>Ocala, FL 34478-0187</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1714</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$775.00</b>
3.180	<b>Nonpriority creditor's name and mailing address</b> <b>Stevens Communication</b> <b>PO Box 187</b> <b>Ocala, FL 34478-0187</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1767</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.181	<b>Nonpriority creditor's name and mailing address</b> <b>Stevens Communication</b> <b>PO Box 187</b> <b>Ocala, FL 34478-0187</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2600</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,755.00</b>
3.182	<b>Nonpriority creditor's name and mailing address</b> <b>Stevens Communication</b> <b>PO Box 187</b> <b>Ocala, FL 34478-0187</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1701</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,961.00</b>
3.183	<b>Nonpriority creditor's name and mailing address</b> <b>Stevens Communication</b> <b>PO Box 187</b> <b>Ocala, FL 34478-0187</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1706</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
3.184	<b>Nonpriority creditor's name and mailing address</b> <b>TD Card Services</b> <b>PO Box 84037</b> <b>Columbus, GA 31908-4037</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6333</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,903.46</b>

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3.185	<b>Nonpriority creditor's name and mailing address</b> <b>TD Card Services</b> <b>PO Box 84037</b> <b>Columbus, GA 31908-4037</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>1646</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,920.39</b>
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3.186	<b>Nonpriority creditor's name and mailing address</b> <b>TD Card Services</b> <b>PO Box 84037</b> <b>Columbus, GA 31908-4037</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>6289</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,442.56</b>
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3.187	<b>Nonpriority creditor's name and mailing address</b> <b>TD Card Services</b> <b>PO Box 84037</b> <b>Columbus, GA 31908-4037</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>3196</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.188	<b>Nonpriority creditor's name and mailing address</b> <b>Terumo Medical Corporation</b> <b>PO Box 281285</b> <b>Atlanta, GA 30384-1285</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,363.51</b>
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3.189	<b>Nonpriority creditor's name and mailing address</b> <b>The Storage Depot of Ocala</b> <b>9085 SW Hwy 200</b> <b>Ocala, FL 34481</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$538.80</b>
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3.190	<b>Nonpriority creditor's name and mailing address</b> <b>The Villages Operating Co</b> <b>1020 Lake Sumter Landing</b> <b>The Villages, FL 32162</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$538.80</b>
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3.191	<b>Nonpriority creditor's name and mailing address</b> <b>ThyssenKrupp Elevator</b> <b>PO Box 933004</b> <b>Atlanta, GA 31193-3004</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>          </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,904.00</b>
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3.192	<b>Nonpriority creditor's name and mailing address</b> <b>Tracy Mabry Law PA</b> <b>PO Box 3269</b> <b>Windermere, FL 34786</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,488.75</b>
3.193	<b>Nonpriority creditor's name and mailing address</b> <b>TriZetto Provider Solutions</b> <b>Dept CH 16897</b> <b>Palatine, IL 60055-6897</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Troyco Liquid Nitrogen Inc</b> <b>PO Box 1792</b> <b>Tarpon Springs, FL 34688</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$186.00</b>
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>United Refrigeration Inc</b> <b>3730 NE 44th St</b> <b>Ocala, FL 34479</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$80.00</b>
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>United States of America</b> <b>c/o Adam Russell Tarosky</b> <b>601 D St NW</b> <b>Room 9706</b> <b>Washington, DC 20004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>lawsuits</u> <u>5:11-cv-00406-RBD-TBS</u> <u>5:15-cv-00179-WTH-TBS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>Vascular Solutions, Inc</b> <b>c/o William M. Lindeman, PA</b> <b>200 East Robinson St</b> <b>Ste 290</b> <b>Orlando, FL 32801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,175.56</b>
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Vista Clinical Diagnostics</b> <b>4290 S Hwy 27, Ste 211</b> <b>Clermont, FL 34711</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$157.04</b>



Debtor **Institute of Cardiovascular Excellence, PLLC**  
NameCase number (if known) **3:16-bk-01491**

3.199	<b>Nonpriority creditor's name and mailing address</b> <b>VitaPhone USA</b> <b>3720 W Oquendo Rd</b> <b>Ste 101</b> <b>Las Vegas, NV 89118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$415.00</b>
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>W.L. Gore &amp; Associates, Inc</b> <b>PO Box 751331</b> <b>Charlotte, NC 28275</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,670.00</b>
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream Communications</b> <b>301 N. Main St.</b> <b>Suite 5000</b> <b>Greenville, SC 29601-2153</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2755</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities Phone Service - Main Office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$97,017.41</b>
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Windstream Communications</b> <b>301 N. Main St.</b> <b>Suite 5000</b> <b>Greenville, SC 29601-2153</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>6670</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities Phone Service - Tavares office</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,230.95</b>
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>Woods Printing of Ocala Inc</b> <b>PO Box 1889</b> <b>Dunedin, FL 34697</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,387.00</b>
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Z-Medica</b> <b>4 Fairfield Blvd</b> <b>Wallingford, CT 06492</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,144.80</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor <b>Institute of Cardiovascular Excellence, PLLC</b>		Case number (if known) <b>3:16-bk-01491</b>
Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.1	<b>A. Lee Bentley, III</b> <b>US District Atty for Middle</b> <b>District Jacksonville</b> <b>300 N. Hogan St., Ste 700</b> <b>Jacksonville, FL 32202</b>	Line <b><u>3.160</u></b> <input type="checkbox"/> Not listed. Explain _____
4.2	<b>Boston Scientific Corp</b> <b>c/o Charles F. Arnold, Esq</b> <b>1701 Dr MLK Jr St N</b> <b>Saint Petersburg, FL 33704</b>	Line <b><u>3.32</u></b> <input type="checkbox"/> Not listed. Explain _____ <b><u>7CAG</u></b>
4.3	<b>Bracco Diagnostics Inc.</b> <b>PO Box 978952</b> <b>Dallas, TX 75397-8952</b>	Line <b><u>3.33</u></b> <input type="checkbox"/> Not listed. Explain _____
4.4	<b>Daniel Robert Anderson</b> <b>PO Box 261</b> <b>Washington, DC 20044</b>	Line <b><u>3.196</u></b> <input type="checkbox"/> Not listed. Explain _____
4.5	<b>S Jacob &amp; Wolf, LP</b> <b>116 Walcourt Loop</b> <b>College Station, TX 77845</b>	Line <b><u>3.32</u></b> <input type="checkbox"/> Not listed. Explain _____ <b><u>7CAG</u></b>
4.6	<b>Sam S. Sheldon, Esq</b> <b>777 6th St NW 11th Flr</b> <b>Washington, DC 20001</b>	Line <b><u>3.89</u></b> <input type="checkbox"/> Not listed. Explain _____
4.7	<b>SBA - Region IV</b> <b>233 Peachtree Street NE</b> <b>Suite 1800</b> <b>Atlanta, GA 30303</b>	Line <b><u>3.160</u></b> <input type="checkbox"/> Not listed. Explain _____
4.8	<b>SBA Office of Gen Counsel</b> <b>409 3rd St., SW</b> <b>Washington, DC 20416</b>	Line <b><u>3.160</u></b> <input type="checkbox"/> Not listed. Explain _____
4.9	<b>SBA South Florida District</b> <b>100 S. Biscayne Blvd.</b> <b>7th Floor</b> <b>Miami, FL 33131</b>	Line <b><u>3.160</u></b> <input type="checkbox"/> Not listed. Explain _____
4.10	<b>SBA South Florida District</b> <b>100 S. Biscayne Blvd.</b> <b>7th Floor</b> <b>Miami, FL 33131</b>	Line <b><u>3.161</u></b> <input type="checkbox"/> Not listed. Explain _____
4.11	<b>Sean Flynn</b> <b>US Attorney's Office FLM</b> <b>400 N Tampa St, Ste 3200</b> <b>Tampa, FL 33602</b>	Line <b><u>3.196</u></b> <input type="checkbox"/> Not listed. Explain _____
4.12	<b>Siemens Medical Solutions</b> <b>Dept CH 14195</b> <b>Palatine, IL 60055-4195</b>	Line <b><u>3.167</u></b> <input type="checkbox"/> Not listed. Explain _____

Debtor Institute of Cardiovascular Excellence, PLLC

Name

Case number (if known) 3:16-bk-01491

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.13 **TD Card Services**  
**PO Box 2580**  
**Cherry Hill, NJ 08034-0372**

Line 3.184

—

☐ Not listed. Explain \_\_\_\_\_

4.14 **The Fifth Third Bank**  
**c/o Michael E. Strach**  
**Carlton Fields**  
**100 SE Second St., Suite 420**  
**Miami, FL 33101-2113**

Line 3.74

—

☐ Not listed. Explain \_\_\_\_\_

4.15 **US Small Business Admin**  
**409 3rd St., SW**  
**Washington, DC 20416**

Line 3.160

—

☐ Not listed. Explain \_\_\_\_\_

4.16 **Vascular Solutions Inc.**  
**PO Box 1178**  
**Osseo, MN 55311**

Line 3.197

—

☐ Not listed. Explain \_\_\_\_\_

4.17 **Windsream Communications**  
**PO Box 9001950**  
**Louisville, KY 40290**

Line 3.201

—

☐ Not listed. Explain \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

**Total of claim amounts**5a. \$ 315,778.345b. + \$ 9,296,070.685c. \$ 9,611,849.02

**Fill in this information to identify the case:**Debtor name **Institute of Cardiovascular Excellence, PLLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**Case number (if known) **3:16-bk-01491**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

**Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal**Property*

(Official Form 206A/B).

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Alarm Monitoring Agreement**

State the term remaining

List the contract number of any government contract

**BCI Integrated Solutions  
5139 Rio Vista Avenue  
Tampa, FL 33634**2.2. State what the contract or lease is for and the nature of the debtor's interest **Real Property lease**

State the term remaining

List the contract number of any government contract

**Brannon Properties, LLC  
161 N Main St.  
Williston, FL 32696**2.3. State what the contract or lease is for and the nature of the debtor's interest **Master Services Agreement**

State the term remaining

List the contract number of any government contract

**CareCloud Complete  
5200 Blue Lagoon Dr.  
Ste 900  
Miami, FL 33126**2.4. State what the contract or lease is for and the nature of the debtor's interest **Real property lease**

State the term remaining

List the contract number of any government contract

**David O. Lichtinger, D.O.  
29320 U.S. Hwy 27  
Leesburg, FL 34748**

Debtor 1 **Institute of Cardiovascular Excellence, PLLC**  
 First Name Middle Name Last Name

Case number (if known) **3:16-bk-01491**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Real property lease**

State the term remaining

List the contract number of any government contract

**Dora Avenue Holdings, LLC  
 2750 Dora Avenue  
 Tavares, FL 32778**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Vehicle lease**

State the term remaining

List the contract number of any government contract

**Fields Motor Car Orlando  
 895 N Ronald Reagan Blvd  
 Longwood, FL 32750**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Lease of office location of  
 4930 SW 49th Road  
 Ocala, FL 34474**

State the term remaining

List the contract number of any government contract

**ICE Real Estate Holdings LLC  
 4730 SW 49th Road  
 Ocala, FL 34474**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Lease of office location of  
 10435 SE 17th Place  
 Summerfield, FL 34491**

State the term remaining

List the contract number of any government contract

**ICE Real Estate Holdings LLC  
 4730 SW 49th Road  
 Ocala, FL 34474**

2.9. State what the contract or lease is for and the nature of the debtor's interest **IT Support Agreement**

State the term remaining

List the contract number of any government contract

**IT Network Solutions Group  
 8131 Main St  
 Bldg M Suite 202  
 Bradenton, FL 34202**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Laser Action Plus  
 1228 SW 15th Avenue  
 Ocala, FL 34471**

Debtor 1 **Institute of Cardiovascular Excellence, PLLC**  
 First Name Middle Name Last Name

Case number (if known) **3:16-bk-01491**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

#### Equipment lease

State the term remaining

List the contract number of any government contract

**Marlin Business**  
**2795 E Cottonwood Pkwy**  
**Suite 120**  
**Salt Lake City, UT 84121**

2.12. State what the contract or lease is for and the nature of the debtor's interest

#### Sublease & space sharing agreement; Premises & equipment lease agreement; Personal lease agreement; Mobile equipment an technician lease agreement; ICE Trademark license agreement; and Management services agreement

State the term remaining

List the contract number of any government contract

**Medical Institute, LLC**  
**4730 SW 49th Rd**  
**Ocala, FL 34474**

2.13. State what the contract or lease is for and the nature of the debtor's interest

#### Real Property Lease

State the term remaining

List the contract number of any government contract

**MLDZ Enterprises, LTD**  
**4328 SE 26th Terrace**  
**Ocala, FL 34480**

2.14. State what the contract or lease is for and the nature of the debtor's interest

#### Equipment lease

State the term remaining

List the contract number of any government contract

**Roche Diagnostics Corp**  
**PO Box 50757**  
**Indianapolis, IN 46250**

2.15. State what the contract or lease is for and the nature of the debtor's interest

#### Equipment leases

State the term remaining

**Siemens Financial Services**  
**170 Wood Avenue South**  
**Iselin, NJ 08830**

Debtor 1 **Institute of Cardiovascular Excellence, PLLC**  
 First Name Middle Name Last Name

Case number (if known) **3:16-bk-01491**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract \_\_\_\_\_

2.16. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**TD Equipment Finance  
1006 Astoria  
Cherry Hill, NJ 08034**

2.17. State what the contract or lease is for and the nature of the debtor's interest **ICE at Laurel Manor - vacated bldg**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**The Villages Operating Co  
Attn: Commerical Prop Mgt  
1020 Lake Sumpter Landing  
The Villages, FL 32162**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Customer service agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Windstream  
301 N Main St, Suite 5000  
Greenville, SC 29601-5153**

**Fill in this information to identify the case:**Debtor name Institute of Cardiovascular Excellence, PLLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 3:16-bk-01491☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1	<b>Abbas Ali</b>	<b>4730 SW 49th Rd Ocala, FL 34474-6262</b>	<b>Estate of Sheri Moore</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.2	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Estate of Sheri Moore</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.3	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Holly Taylor</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.89</u> <input type="checkbox"/> G _____
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2.4	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>United States of America</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.196</u> <input type="checkbox"/> G _____
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2.5	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Robert A. Green</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.157</u> <input type="checkbox"/> G _____
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Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>State of Florida</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.171</u> <input type="checkbox"/> G _____
2.7	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Fifth Third Bank</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	<b>Humeraa Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Holly Taylor</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.89</u> <input type="checkbox"/> G _____
2.9	<b>Humeraa Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>United States of America</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.196</u> <input type="checkbox"/> G _____
2.10	<b>Humeraa Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Robert A. Green</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.157</u> <input type="checkbox"/> G _____
2.11	<b>Humeraa Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>State of Florida</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.171</u> <input type="checkbox"/> G _____
2.12	<b>Humeraa Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Fifth Third Bank</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.13	<b>ICE Holdings, PLLC</b>		<b>SBA South Florida District</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.160</u> <input type="checkbox"/> G _____

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	<b>ICE Holdings, PLLC</b>	<b>4600 SW 46th Court Suite 340 Ocala, FL 34474</b>	<b>Holly Taylor</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.89</u> <input type="checkbox"/> G _____
<hr/>				
2.15	<b>ICE Holdings, PLLC</b>	<b>4600 SW 46th Court Suite 340 Ocala, FL 34474</b>	<b>United States of America</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.196</u> <input type="checkbox"/> G _____
<hr/>				
2.16	<b>ICE Holdings, PLLC</b>		<b>Robert A. Green</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.157</u> <input type="checkbox"/> G _____
<hr/>				
2.17	<b>ICE Holdings, PLLC</b>	<b>4600 SW 46th Court Suite 340 Ocala, FL 34474</b>	<b>State of Florida</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.171</u> <input type="checkbox"/> G _____
<hr/>				
2.18	<b>ICE Holdings, PLLC</b>	<b>4600 SW 46th Court Suite 340 Ocala, FL 34474</b>	<b>Fifth Third Bank</b>	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.19	<b>ICE Holdings, PLLC</b>		<b>Fifth Third Bank</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.74</u> <input type="checkbox"/> G _____
<hr/>				
2.20	<b>ICE Holdings, PLLC</b>		<b>Fifth Third Bank</b>	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.21	<b>ICE Real Estate Holdings LLC</b>		<b>SBA South Florida District</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.160</u> <input type="checkbox"/> G _____
<hr/>				

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	<b>Kevin Patrick Noon, NP</b>	<b>4730 SW 49th Rd Ocala, FL 34482</b>	<b>Estate of Sheri Moore</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.23	<b>Marion Community Hospital</b>	<b>4600 SW 46th Ct Ocala, FL 34474</b>	<b>Estate of Sheri Moore</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.24	<b>Norman Weinstein, MD</b>	<b>3314 Crill Ave Ste 1A Palatka, FL 32177</b>	<b>Estate of Sheri Moore</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.25	<b>The Surgery Center of Ocala</b>	<b>3241 SW 34th St Ocala, FL 34474</b>	<b>Estate of Sheri Moore</b>	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.26	<b>Asad Qamar</b>	<b>3275 NW 85th Ter Ocala, FL 34482</b>	<b>Fields Motor Car Orlando</b>	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.15</u>
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**Fill in this information to identify the case:**Debtor name Institute of Cardiovascular Excellence, PLLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDACase number (if known) 3:16-bk-01491☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)\$1,295,704.00**For prior year:**  
From 1/01/2015 to 12/31/2015☒ Operating a business☐ Other \_\_\_\_\_\$15,082,183.00**For year before that:**  
From 1/01/2014 to 12/31/2014☒ Operating a business☐ Other \_\_\_\_\_\$42,506,192.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>**See Attached list**</b>		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>** See attached list**</b>		<b>\$0.00</b>	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<b>Fifth Third Bank</b> <b>PO Box 740789</b> <b>Cincinnati, OH 45274-0789</b>	<b>Offset from checking acct #9428 and applied to loan No 34</b> Last 4 digits of account number: <u>9428</u>	<b>4/8/2016</b>	<b>\$62,000.00</b>
<b>Fifth Third Bank</b> <b>c/o Michael E. Strach</b> <b>Carlton Fields</b> <b>100 SE Second St., Suite 420</b> <b>Miami, FL 33101-2113</b>	<b>Offset from checking acct #9428 and applied to loan No 26 and No 59 respectively</b> Last 4 digits of account number: <u>0026</u>	<b>3/23/2016</b>	<b>\$54,669.50</b>

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Debtor **Institute of Cardiovascular Excellence, PLLC**Case number (if known) **3:16-bk-01491**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Institute of Cardiovascular Excellence, PLLC vs. American International Biotechnology, LLC dba American International Biotechnology Services 2013-CA-3886	Judgment for \$200k to be paid at \$10,000 per month	Circuit Court of Marion County, Florida	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Comer Consulting, Inc. vs. Institute of Cardiovascular Excellence, PLLC 35-2016-SC-000778-AXXX-XX	Small Claims for consulting	Lake County Civil	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Casey Moore, as Personal Representative of the Estate of Sheri Moore, deceased vs. Institute of Cardiovascular Excellence, PLLC, Abbas Ali, MD, et al 422015CA002184CAAXXX	Medical Malpractice	Circuit Court of Marion County, Florida	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Timothy Gillan vs. Asad U. Qamar, Institute of Cardiovascular Excellence, et al 422015CA000481CAAXXX		Circuit Court for Marion County, Florida	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Boston Scientific Corporation vs. Institute of Cardiovascular Excellence 422015CA002547CAAXXX		Circuit Court for Marion County, Florida	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Fifth Third Bank vs. Institute of Cardiovascular Excellence, Ice Holdings, PLLC, ICE Real Estate Holdings, LLC, et al 422015CA002727CAAXXX	Foreclosure	Circuit Court for Marion County, Florida 110 NW 1st Ave #1 Ocala, FL 34475	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	United States of America, ex rel. Robert A. Green and Holly A. Taylor vs. Dr. Asad U. Qamar and the Institute of Cardiovascular Excellence, PLLC 5:11-CV-00406-10TBS	Qui Tam FCA	USDC Middle District of FL - Ocala Div	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	United States of America and the State of Florida ex rel. Holly Taylor vs. Dr. Asad Qamar and Institute of Cardiovascular Excellence 5:15-CV-00179-WTH-TBS	Qui Tam FCA	USDC Middle District of FL	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	American Cancer Society	Cash donation	2/24/2014, 4/23/2014	\$5,300.00
	Recipients relationship to debtor None			
9.2.	American Heart Association	Cash donation	8/6/2014, 2/5/2015, 8/27/2015	\$55,000.00
	Recipients relationship to debtor None			
9.3.	Boys and Girls Club of Marion County	Cash donation	5/1/2014	\$10,000.00
	Recipients relationship to debtor None			
9.4.	EMIT at Forest HS	Cash donation	4/23/2014	\$1,000.00
	Recipients relationship to debtor None			
9.5.	Families in Need	Cash donation	5/23/2014	\$1,000.00
	Recipients relationship to debtor None			
9.6.	For Kids Sake Foundation	Cash donation	9/22/2014	\$1,000.00
	Recipients relationship to debtor None			
9.7.	Golden Hills Investors, LLC	Cash donation for cancer fund raiser	3/24/2014	\$7,500.00
	Recipients relationship to debtor None			
9.8.	Honoring The Father Ministries	Cash donation	2/26/2014	\$10,700.00
	Recipients relationship to debtor None			

Debtor **Institute of Cardiovascular Excellence, PLLC**Case number (if known) **3:16-bk-01491**

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.9.	<b>Jane Moerlie</b>	<b>Cash gift, school district campaign</b>	<b>10/21/2014</b>	<b>\$1,000.00</b>
	Recipients relationship to debtor <b>None</b>			
9.10	<b>March of Dimes Foundation</b>	<b>Cash donation</b>	<b>3/12/14, 2/23/2015</b>	<b>\$2,000.00</b>
	Recipients relationship to debtor <b>None</b>			
9.11	<b>Neptune Ventures</b>	<b>Cash donation</b>	<b>7/28/2014</b>	<b>\$1,500.00</b>
	Recipients relationship to debtor <b>None</b>			
9.12	<b>New Horizon Academy</b>	<b>Cash donation</b>	<b>3/27/2014</b>	<b>\$1,000.00</b>
	Recipients relationship to debtor <b>None</b>			
9.13	<b>Ocala Power United</b>	<b>Cash donation</b>	<b>11/4/2014</b>	<b>\$1,500.00</b>
	Recipients relationship to debtor <b>None</b>			
9.14	<b>Ocala Royal Dames for Cancer Research</b>	<b>Cash donation</b>	<b>3/5/2015</b>	<b>\$10,000.00</b>
	Recipients relationship to debtor <b>None</b>			
9.15	<b>OTOW Lions Club</b>	<b>Cash donation</b>	<b>3/27/2014</b>	<b>\$1,000.00</b>
	Recipients relationship to debtor <b>None</b>			
9.16	<b>Pakistan Society of North Texas</b>	<b>Cash donation</b>	<b>9/4/2014</b>	<b>\$5,000.00</b>
	Recipients relationship to debtor <b>None</b>			
9.17	<b>PREM</b>	<b>Cash donation</b>	<b>6/30/2015</b>	<b>\$10,000.00</b>
	Recipients relationship to debtor <b>None</b>			



Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.18	<b>Tee Time for Tots</b>	<b>Cash donation</b>	<b>2/24/2014</b>	<b>\$1,000.00</b>
	Recipients relationship to debtor <b>None</b>			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>Furr and Cohen, P.A. 2255 Glades Road Suite 337W Boca Raton, FL 33431</b>		<b>4/20/2016</b>	<b>\$55,000.00</b>
	Email or website address <b>furrcohen.com</b>			
	Who made the payment, if not debtor? <b>Humeraa Qamar</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Debtor **Institute of Cardiovascular Excellence, PLLC**Case number (if known) **3:16-bk-01491**Who received transfer?  
AddressDescription of property transferred or  
payments received or debts paid in exchangeDate transfer  
was madeTotal amount or  
value**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy  
From-To14.1. **2754 Dora Avenue  
Tavares, FL 32778**14.2. **1507 Buenos Aries Blvd  
Lady Lake, FL 32159**14.3. **3515 SE 17th St., Suite  
Ocala, FL 34471**14.4. **733 US Hwy 466  
Lady Lake, FL 32159**14.5. **8750 SW Hwy 200  
Ocala, FL 34481**14.6. **1050 Old Camp Rd.  
The Villages, FL 32162**14.7. **2020 Nigtengale Lane  
Tavares, FL 32778**14.8. **3602 Wedgewood Lane  
The Villages, FL 32162**14.9. **316 Interlake Blvd  
Lake Placid, FL 33852**14.10 **3591 South Highlands Ave  
Sebring, FL 33870****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care15.1. **Institute of Cardiovascular  
Excellence PLLC  
4730 SW 49th Rd  
Ocala, FL 34474****Outpatient Medical**Location where patient records are maintained (if different from  
facility address). If electronic, identify any service provider.**4730 SW 49th Rd  
Ocala, FL 34474****How are records kept?***Check all that apply:*

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2.	<b>Institute of Cardiovascular Excellence</b> 10435 SE 170th Place Summerfield, FL 34491	<b>Outpatient Medical no meals or housing</b>  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>10435 SE 170th Place</b> <b>Summerfield, FL 34491</b>	<b>How are records kept?</b> <i>Check all that apply:</i>  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.3.	<b>Institute of Cardiovascular Excellence</b> 412 Noble Avenue Williston, FL 32696	<b>Outpatient Medical no meals or housing</b>  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>412 Noble Avenue</b> <b>Williston, FL 32696</b>	<b>How are records kept?</b> <i>Check all that apply:</i>  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.4.	<b>Institute of Cardiovascular Excellence</b> 1950 Laurel Manor Drive The Villages, FL 32162	<b>Outpatient Medical no meals or housing</b>  Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>1950 Laurel Manor Drive</b> <b>The Villages, FL 32162</b>	<b>How are records kept?</b> <i>Check all that apply:</i>  <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**Medical Records**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Institute of Cardiovascular Excellence PLLC Retirement Plan

Employer identification number of the plan

EIN: 26-39999808

Has the plan been terminated?

☐ No

Debtor **Institute of Cardiovascular Excellence, PLLC**Case number (if known) **3:16-bk-01491**☒ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>TD Bank</b> 2437 SE 17th St Ocala, FL 34470	XXXX-3019	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	June 2015	\$0.00
18.2.	<b>Regions Bank</b> 1700 SE 17th St Ocala, FL 34471	XXXX-4775	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	September 2015	\$0.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
<b>The Storage Depot of Ocala, Inc.</b> 9085 SW State Rd 200 Ocala, FL 34481	<b>Nancy Sombat,</b> Administrator 4930 SW 49th Rd Ocala, FL 34474	<b>Medical Records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Fort Knox Self Storage</b> 13634 US-441 Lady Lake, FL 32159	<b>Nancy Sombat,</b> Administrator 4930 SW 49th Rd Ocala, FL 34474	<b>Medical Records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To

Debtor **Institute of Cardiovascular Excellence, PLLC**Case number (if known) **3:16-bk-01491****Name and address****Date of service  
From-To**

26a.1. **Jameson Vicars & Co., CPA's**  
**100 Wallace Avenue**  
**Sarasota, FL 34237**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address****Date of service  
From-To**

26b.1. **Jameson Vicars & Co., CPA's**  
**100 Wallace Avenue**  
**Sarasota, FL 34237**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26c.1. **Jameson Vicars & Co., CPA's**  
**100 Wallace Avenue**  
**Sarasota, FL 34237**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1. **Fifth Third Bank**  
**PO Box 740789**  
**Cincinnati, OH 45274-0789**

26d.2. **Fifth Third Bank**  
**c/o Michael E. Strach**  
**Carlton Fields**  
**100 SE Second St., Suite 420**  
**Miami, FL 33101-2113**

26d.3. **SBA South Florida District**  
**100 S. Biscayne Blvd.**  
**7th Floor**  
**Miami, FL 33131**

26d.4. **Community Bank & Trust of FL**  
**1603 SW 19th Ave**  
**Ocala, FL 34471**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory**

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491

Name	Address	Position and nature of any interest	% of interest, if any
ICE Holdings PLLC	4930 SW 49th Rd Ocala, FL 34471	Managing Member	100
Name	Address	Position and nature of any interest	% of interest, if any
Asad Qamar MD	3275 NW 85th Terrace Ocala, FL 34482	Manager	0

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See attached list			Updates needed
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
ICE Holdings, PLLC	EIN: 27-1767372

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Institute of Cardiovascular Excellence, PLLC Retirement Plan (Currently in name of Medical Institute)	EIN: 26-39999808

Debtor Institute of Cardiovascular Excellence, PLLCCase number (if known) 3:16-bk-01491**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 11, 2016

/s/ Asad Qamar

Signature of individual signing on behalf of the debtor

Asad Qamar

Printed name

Position or relationship to debtor Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes



## Institute of Cardiovascular Excellence PLLC. Case No. 16-01491

Payments to Vendors &gt;\$6425 Made between 1/21/2016 and 4/20/2016

Date	Name	Amount
01/28/2016	Best Cleaning Service of Ocala	5,000.00
02/29/2016	Best Cleaning Service of Ocala	1,200.00
03/22/2016	Best Cleaning Service of Ocala	2,000.00
	<b>Best Cleaning Service of Ocala Total</b>	<b>8,200.00</b>
02/17/2016	Colonial Life	8,848.73
	<b>Colonial Life Total</b>	<b>8,848.73</b>
01/30/2016	Henry Schein	2,000.00
01/30/2016	Henry Schein	2,000.00
01/30/2016	Henry Schein	2,000.00
01/30/2016	Henry Schein	2,000.00
01/30/2016	Henry Schein	1,071.50
02/29/2016	Henry Schein	2,000.00
02/29/2016	Henry Schein	2,000.00
02/29/2016	Henry Schein	2,000.00
03/24/2016	Henry Schein	3,000.00
03/29/2016	Henry Schein	2,294.72
03/31/2016	Henry Schein	3,000.00
	<b>Henry Schein Total</b>	<b>23,366.22</b>
01/30/2016	Infinity Innovations LLC	8,000.00
02/26/2016	Infinity Innovations LLC	85,000.00
03/02/2016	Infinity Innovations LLC	20,000.00
03/07/2016	Infinity Innovations LLC	6,300.00
03/08/2016	Infinity Innovations LLC	20,000.00
03/08/2016	Infinity Innovations LLC	10,000.00
03/16/2016	Infinity Innovations LLC	65,000.00
03/22/2016	Infinity Innovations LLC	51,000.00
03/29/2016	Infinity Innovations LLC	55,000.00
04/05/2016	Infinity Innovations LLC	27,000.00
04/13/2016	Infinity Innovations LLC	73,000.00
	<b>Infinity Innovations LLC Total</b>	<b>420,300.00</b>
03/08/2016	IT Network Solutions Group, LLC	3,000.00
03/10/2016	IT Network Solutions Group, LLC	4,000.00
04/01/2016	IT Network Solutions Group, LLC	5,000.00
04/21/2016	IT Network Solutions Group, LLC	5,000.00
	<b>IT Network Solutions Group, LLC Total</b>	<b>17,000.00</b>
01/30/2016	McKesson Specialty Care Distribution	10,557.50
02/29/2016	McKesson Specialty Care Distribution	10,557.50
03/25/2016	McKesson Specialty Care Distribution	10,557.50
	<b>McKesson Specialty Care Distribution Total</b>	<b>31,672.50</b>
04/19/2016	Medtronic USA Inc	45,000.00
	<b>Medtronic USA Inc Total</b>	<b>45,000.00</b>
02/29/2016	Norman Weinstein	5,000.00
03/01/2016	Norman Weinstein	5,000.00
03/29/2016	Norman Weinstein	5,000.00
04/05/2016	Norman Weinstein	5,000.00
	<b>Norman Weinstein Total</b>	<b>20,000.00</b>
01/28/2016	SECO 1203/4003	6,332.68
01/28/2016	SECO 1203/4003	909.53
03/01/2016	SECO 1203/4003	844.25
03/01/2016	SECO 1203/4003	44.31
	<b>SECO 1203/4003 Total</b>	<b>8,130.77</b>
03/07/2016	SECO 7013051902	2,800.00
03/22/2016	SECO 7013051902	3,181.77
03/31/2016	SECO 7013051902	6,042.28
	<b>SECO 7013051902 Total</b>	<b>12,024.05</b>
01/30/2016	TD Bank	4,000.00
01/30/2016	TD Bank	3,500.00
01/30/2016	TD Bank	3,000.00
01/30/2016	TD Bank	2,000.00
02/29/2016	TD Bank	5,000.00
02/29/2016	TD Bank	3,000.00

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## Institute of Cardiovascular Excellence PLLC. Case No. 16-01491

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 Payments to Vendors >\$6425 Made between 1/21/2016 and 4/20/2016
 

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Date	Name	Amount
02/29/2016	TD Bank	2,500.00
02/29/2016	TD Bank	2,100.00
02/29/2016	TD Bank	1,500.00
02/29/2016	TD Bank	1,500.00
02/29/2016	TD Bank	1,000.00
02/29/2016	TD Bank	1,000.00
	<b>TD Bank Total</b>	<b>30,100.00</b>
02/01/2016	TD Equipment Finance, Inc.	2,970.96
03/01/2016	TD Equipment Finance, Inc.	2,970.96
04/01/2016	TD Equipment Finance, Inc.	2,970.96
	<b>TD Equipment Finance, Inc. Total</b>	<b>8,912.88</b>
03/10/2016	TD Visa (MERCANTILE)	3,000.00
03/10/2016	TD Visa (MERCANTILE)	3,000.00
03/23/2016	TD Visa (MERCANTILE)	2,800.00
	<b>TD Visa (MERCANTILE) Total</b>	<b>8,800.00</b>
02/11/2016	The Medical Institute	40,000.00
03/22/2016	The Medical Institute	40,000.00
	<b>The Medical Institute Total</b>	<b>80,000.00</b>
03/03/2016	Tracy Mabry Law PA	10,000.00
	<b>Tracy Mabry Law PA Total</b>	<b>10,000.00</b>
01/28/2016	Windstream Communications--Main Office	31,422.04
03/01/2016	Windstream Communications--Main Office	31,605.90
	<b>Windstream Communications--Main Office Total</b>	<b>63,027.94</b>
02/16/2016	Zenith Insurance Company	6,986.00
	<b>Zenith Insurance Company Total</b>	<b>6,986.00</b>
	<b>Grand Total</b>	<b>802,369.09</b>

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**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491**

**Payments on Debts 2/1/2015 and 4/20/2016 to, cosigned by or guaranteed by insider**  
**Attachment to SOFA Q #4**

Creditor: Fifth Third Bank

Cosigned by: ICE Holdings LLC

Guaranteed by: Dr. Asad Qamar

Date	Creditor	Amount	
01/05/2016	Fifth Third Bank	12,000.00	
01/19/2016	Fifth Third Bank	3,000.00	
	<b>Fifth Third Bank Total</b>	<b>15,000.00</b>	15,000.00
01/23/2015	Fifth Third Bank 18	9,546.32	9,546.32
02/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
03/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
04/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
05/22/2015	Fifth Third Bank 18	9,546.32	9,546.32
06/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
07/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
08/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
09/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
10/23/2015	Fifth Third Bank 18	9,546.32	9,546.32
11/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
12/24/2015	Fifth Third Bank 18	9,546.32	9,546.32
02/29/2016	Fifth Third Bank 18	9,546.32	9,546.32
	<b>Fifth Third Bank 18 Total</b>	<b>124,102.16</b>	124,102.16
01/09/2015	Fifth Third Bank 67	38,609.99	38,609.99
02/10/2015	Fifth Third Bank 67	40,027.75	40,027.75
03/08/2015	Fifth Third Bank 67	39,362.86	39,362.86
04/08/2015	Fifth Third Bank 67	39,862.16	39,862.16
05/08/2015	Fifth Third Bank 67	39,590.79	39,590.79
06/08/2015	Fifth Third Bank 67	39,682.63	39,682.63
07/08/2015	Fifth Third Bank 67	39,418.77	39,418.77

**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491**

**Payments on Debts 2/1/2015 and 4/20/2016 to, cosigned by or guaranteed by insider**  
**Attachment to SOFA Q #4**

Creditor: Fifth Third Bank

Cosigned by: ICE Holdings LLC

Guaranteed by: Dr. Asad Qamar

Date	Creditor	Amount	
08/08/2015	Fifth Third Bank 67	39,515.21	39,515.21
09/08/2015	Fifth Third Bank 67	39,427.32	39,427.32
10/09/2015	Fifth Third Bank 67	39,177.81	39,177.81
11/08/2015	Fifth Third Bank 67	39,244.58	39,244.58
12/10/2015	Fifth Third Bank 67	38,983.32	38,983.32
03/23/2016	Fifth Third Bank 67	54,669.50	54,669.50
	<b>Fifth Third Bank 67 Total</b>	<b>527,572.69</b>	<b>527,572.69</b>
01/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
02/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
03/20/2015	Fifth Third Bank 75	2,396.81	2,396.81
04/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
05/21/2015	Fifth Third Bank 75	2,396.81	2,396.81
06/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
07/21/2015	Fifth Third Bank 75	2,396.81	2,396.81
08/21/2015	Fifth Third Bank 75	2,396.81	2,396.81
09/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
10/21/2015	Fifth Third Bank 75	2,396.81	2,396.81
11/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
12/01/2015	Fifth Third Bank 75	2,396.81	2,396.81
01/01/2016	Fifth Third Bank 75	2,396.81	2,396.81
	<b>Fifth Third Bank 75 Total</b>	<b>31,158.53</b>	<b>31,158.53</b>
01/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
02/27/2015	Fifth Third Bank 83	5,775.25	5,775.25
03/30/2015	Fifth Third Bank 83	5,775.25	5,775.25

**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491**

Payments on Debts 2/1/2015 and 4/20/2016 to, cosigned by or guaranteed by insider  
**Attachment to SOFA Q #4**

Creditor: Fifth Third Bank

Cosigned by: ICE Holdings LLC

Guaranteed by: Dr. Asad Qamar

Date	Creditor	Amount	
04/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
05/29/2015	Fifth Third Bank 83	5,775.25	5,775.25
06/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
07/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
08/28/2015	Fifth Third Bank 83	5,775.25	5,775.25
09/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
10/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
11/30/2015	Fifth Third Bank 83	5,775.25	5,775.25
12/24/2015	Fifth Third Bank 83	5,775.25	5,775.25
	<b>Fifth Third Bank 83 Total</b>	<b>69,303.00</b>	69,303.00
01/20/2015	Fifth Third Bank LOC	2,085.95	2,085.95
02/25/2015	Fifth Third Bank LOC	2,085.95	2,085.95
03/20/2015	Fifth Third Bank LOC	2,564.64	2,564.64
04/20/2015	Fifth Third Bank LOC	5,099.85	5,099.85
05/20/2015	Fifth Third Bank LOC	5,897.83	5,897.83
06/25/2015	Fifth Third Bank LOC	6,004.01	6,004.01
07/20/2015	Fifth Third Bank LOC	5,810.33	5,810.33
08/20/2015	Fifth Third Bank LOC	6,004.00	6,004.00
09/20/2015	Fifth Third Bank LOC	6,004.01	6,004.01
10/20/2015	Fifth Third Bank LOC	5,810.33	5,810.33
11/20/2015	Fifth Third Bank LOC	2,324.14	2,324.14
04/08/2016	Fifth Third Bank LOC	-62,000.00	62,000.00
	<b>Fifth Third Bank LOC Total</b>	<b>-12,308.96</b>	111,691.04
01/12/2015	Fifth Third Bank- MasterCard	100,776.77	100,776.77

**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491**

**Payments on Debts 2/1/2015 and 4/20/2016 to, cosigned by or guaranteed by insider**  
**Attachment to SOFA Q #4**

Creditor: Fifth Third Bank

Cosigned by: ICE Holdings LLC

Guaranteed by: Dr. Asad Qamar

Date	Creditor	Amount	
01/12/2015	Fifth Third Bank- MasterCard	17,257.04	17,257.04
01/27/2015	Fifth Third Bank- MasterCard	286,653.13	286,653.13
01/28/2015	Fifth Third Bank- MasterCard	16,479.67	16,479.67
02/10/2015	Fifth Third Bank- MasterCard	171,397.08	171,397.08
02/24/2015	Fifth Third Bank- MasterCard	141,310.55	141,310.55
03/02/2015	Fifth Third Bank- MasterCard	3,770.15	3,770.15
03/10/2015	Fifth Third Bank- MasterCard	68,092.74	68,092.74
03/24/2015	Fifth Third Bank- MasterCard	651,264.42	651,264.42
04/02/2015	Fifth Third Bank- MasterCard	3,170.77	3,170.77
04/07/2015	Fifth Third Bank- MasterCard	66,484.60	66,484.60
04/21/2015	Fifth Third Bank- MasterCard	82,628.53	82,628.53
05/04/2015	Fifth Third Bank- MasterCard	7,348.55	7,348.55
05/05/2015	Fifth Third Bank- MasterCard	93,434.08	93,434.08
05/19/2015	Fifth Third Bank- MasterCard	125,050.50	125,050.50
06/09/2015	Fifth Third Bank- MasterCard	2,178.62	2,178.62
06/16/2015	Fifth Third Bank- MasterCard	20,146.59	20,146.59
06/30/2015	Fifth Third Bank- MasterCard	80,438.92	80,438.92
07/14/2015	Fifth Third Bank- MasterCard	268,405.71	268,405.71
07/28/2015	Fifth Third Bank- MasterCard	118,110.30	118,110.30
08/03/2015	Fifth Third Bank- MasterCard	110,000.00	110,000.00
08/11/2015	Fifth Third Bank- MasterCard	173,198.81	173,198.81
08/11/2015	Fifth Third Bank- MasterCard	8,110.30	8,110.30
09/11/2015	Fifth Third Bank- MasterCard	179.00	179.00
09/15/2015	Fifth Third Bank- MasterCard	1,859.39	1,859.39

**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491**

Payments on Debts 2/1/2015 and 4/20/2016 to, cosigned by or guaranteed by insider  
**Attachment to SOFA Q #4**

Creditor: Fifth Third Bank

Cosigned by: ICE Holdings LLC

Guaranteed by: Dr. Asad Qamar

Date	Creditor	Amount	
12/21/2015	Fifth Third Bank- MasterCard	136.00	136.00
	<b>Fifth Third Bank- MasterCard Total</b>	<b>2,617,882.22</b>	2,617,882.22
01/12/2015	Fifth Third Bank swap interest	2,991.09	2,991.09
02/10/2015	Fifth Third Bank swap interest	2,939.66	2,939.66
03/10/2015	Fifth Third Bank swap interest	2,606.00	2,606.00
04/10/2015	Fifth Third Bank swap interest	2,834.34	2,834.34
05/11/2015	Fifth Third Bank swap interest	2,689.50	2,689.50
06/10/2015	Fifth Third Bank swap interest	2,734.11	2,734.11
07/10/2015	Fifth Third Bank swap interest	2,596.57	2,596.57
08/08/2015	Fifth Third Bank swap interest	2,633.76	2,633.76
09/10/2015	Fifth Third Bank swap interest	2,584.75	2,584.75
10/13/2015	Fifth Third Bank swap interest	2,440.17	2,440.17
11/30/2015	Fifth Third Bank swap interest	2,490.68	2,490.68
12/10/2015	Fifth Third Bank swap interest	2,369.62	2,369.62
	<b>Fifth Third Bank swap interest Total</b>	<b>31,910.25</b>	31,910.25

**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491****Payments, Distributions, Withdrawals by Insiders 4/21/2015 - 4/20/2016****Attachment to SOFA Q#30**

Date	Insider	Amount
01/28/2016	Asad Qamar, MD	\$ 5,000.00
02/17/2016	Asad Qamar, MD	10,000.00
02/24/2016	Asad Qamar, MD	5,000.00
02/26/2016	Asad Qamar, MD	5,000.00
02/29/2016	Asad Qamar, MD	50.00
03/01/2016	Asad Qamar, MD	30,000.00
03/22/2016	Asad Qamar, MD	10,000.00
03/31/2016	Asad Qamar, MD	1,200.00
04/05/2016	Asad Qamar, MD	10,000.00
04/06/2016	Asad Qamar, MD	10,000.00
	Total Asad Qamar, MD	<u>\$ 86,250.00</u>

01/16/2015	ICE Holdings PLLC	\$ 50,000.00
01/22/2015	ICE Holdings PLLC	100,000.00
02/03/2015	ICE Holdings PLLC	50,000.00
02/06/2015	ICE Holdings PLLC	200,000.00
02/10/2015	ICE Holdings PLLC	250,000.00
02/26/2015	ICE Holdings PLLC	300,000.00
03/03/2015	ICE Holdings PLLC	400,000.00
05/12/2015	ICE Holdings PLLC	40,000.00
05/28/2015	ICE Holdings PLLC	5,000.00
06/15/2015	ICE Holdings PLLC	8,000.00
07/23/2015	ICE Holdings PLLC	59,000.00

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**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491****Payments, Distributions, Withdrawals by Insiders 4/21/2015 - 4/20/2016****Attachment to SOFA Q#30**

Date	Insider	Amount
08/28/2015	ICE Holdings PLLC	12,000.00
09/03/2015	ICE Holdings PLLC	10,000.00
09/11/2015	ICE Holdings PLLC	27,000.00
09/16/2015	ICE Holdings PLLC	7,000.00
09/21/2015	ICE Holdings PLLC	15,000.00
09/23/2015	ICE Holdings PLLC	30,000.00
10/26/2015	ICE Holdings PLLC	5,000.00
10/29/2015	ICE Holdings PLLC	5,000.00
11/25/2015	ICE Holdings PLLC	5,000.00
12/24/2015	ICE Holdings PLLC	5,000.00
1/19/2016	ICE Holdings PLLC	5,000.00
1/26/2016	ICE Holdings PLLC	2,479.54
03/02/2016	ICE Holdings PLLC	20,000.00
	<b>ICE Holdings PLLC Total</b>	<b><u>\$1,610,479.54</u></b>

01/01/2015	ICE Real Estate Holdings LLC	58,300.00
02/01/2015	ICE Real Estate Holdings LLC	58,300.00
03/01/2015	ICE Real Estate Holdings LLC	58,300.00
04/01/2015	ICE Real Estate Holdings LLC	58,300.00
07/01/2015	ICE Real Estate Holdings LLC	25,000.00
07/06/2015	ICE Real Estate Holdings LLC	10,000.00
07/27/2015	ICE Real Estate Holdings LLC	8,000.00
08/28/2015	ICE Real Estate Holdings LLC	19,000.00
09/28/2015	ICE Real Estate Holdings LLC	10,000.00
09/29/2015	ICE Real Estate Holdings LLC	40,000.00

**Institute of Cardiovascular Excellence PLLC. Case No. 16-01491****Payments, Distributions, Withdrawals by Insiders 4/21/2015 - 4/20/2016****Attachment to SOFA Q#30**

Date	Insider	Amount
09/29/2015	ICE Real Estate Holdings LLC	5,000.00
10/20/2015	ICE Real Estate Holdings LLC	5,000.00
10/29/2015	ICE Real Estate Holdings LLC	32,000.00
10/29/2015	ICE Real Estate Holdings LLC	20,000.00
11/30/2015	ICE Real Estate Holdings LLC	12,000.00
12/02/2015	ICE Real Estate Holdings LLC	25,000.00
12/28/2015	ICE Real Estate Holdings LLC	7,599.09
1/4/2016	ICE Real Estate Holdings LLC	37.00
1/5/2016	ICE Real Estate Holdings LLC	35,548.40
1/19/2016	ICE Real Estate Holdings LLC	3,307.00
2/1/2016	ICE Real Estate Holdings LLC	15,000.00
2/4/2016	ICE Real Estate Holdings LLC	35,000.00
3/1/2016	ICE Real Estate Holdings LLC	14,000.00
03/31/2016	ICE Real Estate Holdings LLC	1,711.80
	<b>Total ICE Real Estate Holdings LLC</b>	<b>\$ 556,403.29</b>
01/01/2015	Rolls-Royce Motor Cars	3,969.19
03/01/2015	Rolls-Royce Motor Cars	3,969.19
03/31/2015	Rolls-Royce Motor Cars	3,969.19
05/01/2015	Rolls-Royce Motor Cars	3,969.19
06/01/2015	Rolls-Royce Motor Cars	3,969.19
07/01/2015	Rolls-Royce Motor Cars	3,969.19
08/31/2015	Rolls-Royce Motor Cars	3,969.19
10/01/2015	Rolls-Royce Motor Cars	3,969.19
10/29/2015	Rolls-Royce Motor Cars	3,969.19
12/01/2015	Rolls-Royce Motor Cars	3,969.19
	<b>Rolls-Royce Motor Cars Total</b>	<b>\$ 39,691.90</b>

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